West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

Thursday 10 September 2015

9.00am

Board Room
Corporate Office – Grey Base Hospital
GREYMOUTH

AGENDA
AND
MEETING PAPERS

All information contained in these committee papers is subject to change

The functions of CPHAC & DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are:

"With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population; and*
- *the priorities for the use of the health funding available.*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the disability support needs of the resident population of the West Coast District Health Board; and*
- *the priorities for the use of the disability support funding provided.*"

The aim of the Committee's advice must be:

- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximize the overall health gain for the resident population of the West Coast District Health Board; and*

- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board."*

The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability

AGENDA

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 10 September 2015 commencing at 9.00am

ADMINISTRATION — 9.00am

Karakia

Apologies

1. **Interest Register**
   Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.

2. **Confirmation of the Minutes of the Previous Meeting & Matters Arising**
   23 July 2015

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS — 9.10am

4.	**Community and Public Health Update**	Claire Robertson *Team Leader, Community and Public Health*	*9.10am – 9.20am*
5.	**Maori Health Plan Update**	Gary Coghlan *General Manager, Maori Health*	*9.20am – 9.40am*
6.	**Planning & Funding Update**	Phil Wheble *Team Leader, Planning & Funding*	*9.40am - 9.50am*
7.	**Alliance Update**	Phil Wheble *Team Leader, Planning & Funding*	*9.50am - 10.00am*
8.	**Health Target Q4 Report**	Phil Wheble *Team Leader, Planning & Funding*	*10.00am – 10.20am*
9.	**General Business**	Elinor Stratford *Chair*	*10.20am – 10.30am*

ESTIMATED FINISH TIME — 10.30am

INFORMATION ITEMS

- **Board Agenda – 7 August 2015**
- **Chair's Report to last Board meeting**
- **West Coast's Priority Plan For Breast Feeding 2014-2016**
- **West Coast Region Tobacco Control Plan**
- **Committee Work Plan 2015**
- **West Coast DHB 2015 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: Thursday 22 October 2015

KARAKIA

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

E Te Atua i runga rawa kia tau te rangimarie, te aroha,
ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto,
i te wairua o kotahitanga, mo nga tangata e noho ana,
i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend
on us at this time so that we may work together
in the spirit of oneness on behalf of the people of the West Coast.

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS' INTERESTS REGISTER

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE REGISTER OF MEMBERS' CONFLICTS/INTEREST

(As disclosed on appointment to the Board/Committee and updated from time-to time, as necessary)

Member	Disclosure of Interest
CHAIR Elinor Stratford **(Board Member)**	• Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Chair of Victim Support, Greymouth • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Elected Member, Arthritis New Zealand, Southern Regional Liaison Group
DEPUTY CHAIR John Vaile **(Board Member)**	• Director, Vaile Hardware Limited • Member of Community Patrols New Zealand
Lynnette Beirne	• Patron of the West Coast Stroke Group Incorporated • Member South Island Regional Stroke Foundation Advisory Committee • Partner in Chez Beirne (provider of catering and home stay services for the West Coast DHB and West Coast Primary Health Organisation) • Contract for the Café and Catering at Tai Poutini • Daughter employed as nurse for West Coast DHB • Member of West Coast DHB Consumer Council • Consumer Representative on WCDHB Falls Coalition Committee • Consumer Representative on WCDHB Stroke Coalition Committee
Cheryl Brunton	• Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board • Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) • Member - Public Health Association of New Zealand • Member - Association of Salaried Medical Specialists • Member - West Coast Primary Health Organisation Clinical Governance Committee • Member – National Influenza Specialist Group • Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation • Member – DISC Trust
Michelle Lomax **(Board Member)**	• Autism New Zealand – Member • West Coast Community Trust – Trustee • Buller High School Board of Trustees – Chair • St John Youth Leader • New Zealand School Trustees Association – Member of Marlborough/Nelson/West Coast Regional Executive

Jenny McGill	• Husband employed by West Coast DHB • Member, Parents Centre • Peer Support – Mum4Mum
Joseph Mason	• Representative of Te Runanga o Kati Wae Wae Arahura • Employee Community and Public Health, Canterbury DHB
Mary Molloy	• Spokesperson for Farmers Against 1080 • Director, Molloy Farms South Westland Ltd • Trustee, L.B. & M.E. Molloy Family Trust • Executive Member, Wildlands Biodiversity Management Group Inc. • Chair of the West Coast Community Trust
Peter Ballantyne Ex-officio **(Board Chair)**	• Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired Partner, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Spouse, Canterbury DHB employee (Ophthalmology Department) • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board • Director, Brackenridge Estate Limited

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

DRAFT
MINUTES OF THE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
held in the Board Room, Corporate Office, Grey Base Hospital on Thursday, 23 July 2015 commencing at 9.00am

PRESENT
Elinor Stratford (Chairperson); John Vaile, Michelle Lomax, Joe Mason; Peter Ballantyne (ex-officio); Mary Molloy; Cheryl Brunton; Lynette Beirne

APOLOGIES
An apology was received and accepted from Jenny McGill.

EXECUTIVE SUPPORT
Phil Wheble (Team Leader, Planning & Funding); Mark Newsome (General Manager, Grey/Westland); Karyn Bousfield (Director of Nursing & Maternity); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller)(via video conference); and Kay Jenkins (Minutes).

IN ATTENDANCE
Item 4 - Kathy O'Neil, Service Development Manager, Planning & Funding, (via video conference)

WELCOME
Joe Mason led the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no additions or alterations to the Interest Register

Declarations of Interest for Items on Today's Agenda
There were no interests declared for items on today's agenda.

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (6/15)
(Moved: John Vaile; Seconded: Lynette Beirne - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 4 June 2015 be confirmed as a true and correct record."

It was noted that there was no mention of the discussion relating to the waiting times for Buller Child and Adolescent Mental Health Services clients. The Committee noted that this topic had been raised at the Board meeting held on 7 August 2015.

3. CARRIED FORWARD/ACTION ITEMS

The Committee noted that the Suicide Prevention Plan has been sent to the Ministry of Health and the measures in the plan will be reported on by the DHB. A one-year work plan is being prepared and progress against this plan will go to the governance group.

4. DISABILITY ACTION PLAN UPDATE COMMUNITY & PUBLIC HEALTH UPDATE

An update on the Disability Action Plan was presented to the Committee by Kathy O'Neill, Service Development Manager Planning & Funding.

Ms O'Neil advised that the consultation process had commenced in May 2015 with 3 disability focused forums in Westport, Hokitika and Greymouth. The draft West Coast DHB Strategic Disability Action Plan was introduced and feedback was sought on the Priorities for Action that would be the focus for the next 2 years.

Ms O'Neil also advised that Potini Waiora are arranging a forum to link in with their Healthy Living Workshop in August.

Discussion is underway with the General Manager Maori Health regarding updating the New Zealand Maori Disability Action Plan for Disability Support Services 2012-2017.

It was noted that the Action Plan is primarily adult focused and it was recommended that the United Nations Convention on the Rights of the Child (UNCROC) be included as a core document that has informed the development of the plan and is used to inform the priorities for action.

It was also noted that the West Coast DHB Strategic Disability Action Plan is being developed in a parallel process with the Canterbury DHB Strategic Disability Action Plan. Feedback received in Canterbury has a strong theme for priority actions to be targeted at improving the Canterbury DHB's processes as an employer of people with disabilities. This has been less strongly voiced to date on the West Coast. However, an opportunity exists to explore the applicability of the Canterbury DHB priority actions to the West Coast DHB.

The following actions (which are the draft Canterbury DHB actions) were supported by the Committee for consideration for the West Coast plan.

Canterbury DHB as an employer
People and Capability has targeted work in the following areas:

- Review current recruitment process and action any opportunities to remove barriers and taking affirmative action, to ensure people with disabilities have equity in employment within the Canterbury DHB.
- As part of a staff wellbeing survey seek feedback from existing employees who identify as having a disability on their experience of working for the Canterbury DHB and explore any opportunities to improve.

Other Opportunities

- Establishing a Disability Action Group that has membership of key people that can contribute to progressing the identified actions. This needs to be carefully considered in terms of its terms of reference and key relationship with the West Coast DHB Consumer Council.
- Identify and collate existing data collected within the Canterbury health system and work with the Office of Disability Issues who are collaborating with New Zealand Statistics to develop a more comprehensive profile of the disability population. For the West Coast this process needs to include separating the West Coast population data from Nelson Marlborough as the disability survey undertaken as part of the 2013 Census combines the population data from both districts.
- Develop an outcomes framework that progress can be measured against.

Resolution: (7/15)
That the Committee:

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i. notes the recommended amendments to the Draft West Coast DHB Strategic Disability Action Plan following feedback received to date; and
ii. notes the draft Priorities for Action identified as part of the consultation process; and
iii. notes the next steps and provides advice on the proposed process; and
iv. agrees to receive the draft of the West Coast DHB Strategic Disability Action Plan and the Priorities for Action for their input and comment following re-circulating to parties consulted to date so that the final draft is ready for their consideration and submission to EMT and the Board for final approval when it is completed.

5. COMMUNITY AND PUBLIC HEALTH UPDATE

Claire Robertson, Team Leader, Community & Public Health, presented this update which included information on the following topics:

Kaumātua Wellbeing Hui – Arahura Marae
Community & Public Health coordinated a kaumātua wellbeing hui at Arahura Marae last month which was attended by 30 kaumātua from Te Rūnanga O Ngāti Waewae and Te Rūnanga O Makaawhio.

Te Pūtahitanga: SEED Whanau Ora Westport Project
Community & Public Health staff have attended and provided input into all the Te Pūtahitanga Whānau Ora project hui. The Draft Road Map will be presented to the community shortly and CPH will identify how it can support its implementation.

Hokitika Flood Event
Community & Public Health assisted the Westland District Council to respond to the recent flooding in Hokitika.

Community Nutrition
Our nutrition health promoter has recently completed Appetite for Life (AFL) training, and AFL is back up and running in the community with the first course currently being delivered in Greymouth. CPH is also supporting a Franz Josef 100 day physical activity and healthy eating challenge through the provision of resources. CPH will be running an AFL course beginning in July and will provide taster Tai Chi sessions to participants in the challenge.

Realignment of Tobacco Control Services
The Ministry of Health have announced that from 30 June 2016 it will be terminating existing contracts for face-to-face stop smoking services and all national health promotion and advocacy services for tobacco control, purchased by the Ministry of Health.

Alcohol Licensing
An Alcohol Regulatory and Licensing Authority (ARLA) was held in Greymouth on 3 June 2015 and three West Coast licensed premises have had suspensions of their licenses as a result.

Community & Public Health staff continue to work closely with Police and council alcohol licensing inspectors to ensure that all West Coast licensed premises comply with the Sale and Supply of Alcohol Act 2012.

Westland District Council Class Four Gambling Policy
There has been a positive outcome from the Westland District Council hearing regarding their Class Four Gambling Policy. CPH had an influence on the final policy through the coordination of the social impact assessment (SIA) and attendance at the submissions hearing. The final policy is in line with the recommendations from the SIA and is to be adopted at the Council meeting to be held towards the end of July.

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Discussion took place regarding the West Coast DHB Breastfeeding Plan and a copy of this plan will be included in the information items for the next meeting.

The report was noted.

6. PLANNING & FUNDING UPDATE

Phil Wheble, Team Leader, Planning & Funding, presented this report which was taken as read.

The committee noted that primary targets had been achieved for the first time in Quarter 3 and indications are that we will also achieve these in Quarter 4.

B4School checks have also been achieved and management are working through how they will get some consistency around this.

The Hokitika flood in June caused the full evacuation of Allen Bryant Lifecare aged residential service. A total of 45 rest home and hospital residents were safely relocated within other services on the Coast. While the ARC sector is under pressure, prioritisation principles have been established and contracting processes enhanced. Work is underway to ascertain the effect of the floods on Older Persons health.

A query was again raised regarding waiting times for Child and Adolescent Mental Health Services (CAMS) and the committee noted that there no single issue causing this. Whilst there have been some staffing constraints this has only been in the short term. There are also some specialty services not now being provided and the DHB is trying to fill these gaps. Management are considering these options carefully and it is intended to make a presentation to the Board around this.

The report was noted.

7. ALLIANCE UPDATE

Phil Wheble, Team Leader, Planning & Funding, presented this report which was taken as read.

This report provided an update of progress made around the West Coast Alliance including:

- Alliance Leadership Team
- Mental Health Workstream
- Health of Older Persons
- Grey/Westland & Buller Family Health Services (IFHS)
- Healthy West Coast
- Child and Youth and
- Pharmacy

The Committee noted that the Alliance workstreams and the Alliance Support Group met a few weeks ago to review the plans over the last year they are currently looking at the plan for the current year.

A query was made regarding the role of Chief Medical Officer and the Committee noted that it is intended to fill this role with a distributed model. Work is currently underway on job descriptions.

The report was noted.

DRAFT

8. GENERAL BUSINESS

Cheryl Brunton provided an update to the committee on the work being carried out around the Smoking Prevalence Plan. More information will be provided in the information items of the next meeting, along with the Tobacco Control Plan.

INFORMATION ITEMS

- Board Agenda – 26 June 2015
- Chair's Report to last Board meeting
- Committee Work Plan 2015
- West Coast DHB 2015 Meeting Schedule

There being no further business the meeting concluded at 10.20am.

Confirmed as a true and correct record:

_____ _____

Elinor Stratford, Chair Date

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West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
CARRIED FORWARD/ACTION ITEMS AS AT 10 SEPTEMBER 2015

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	23 July 2015	West Coast Disability Action Plan	Update on progress to be provided to Committee	3 December 2015
2.	23 July 2015	Water Quality	On-going updates to be provided to the committee	As required
3.	23 July 2015	Breastfeeding Plan	Plan to be provided to Committee	In Information items of today's agenda
4.	23 July 2015	Tobacco Control Plan	Plan to be provided to Committee	In Information items of today's agenda
5.	23 July 2015	Suicide Prevention Plan Update	Progress against Work Plan	3 December 2015

PRESENTATIONS FOR CONSIDERATION

TOPIC	STATUS
Victim Support	Completed
Suicide Prevention Update	Completed
Consumer Council	
Child & Youth Health	
Green Prescriptions	

COMMUNITY AND PUBLIC HEALTH UPDATE

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

TO: **Chair and Members**
Community and Public Health & Disability Support Advisory Committee

SOURCE: **Community and Public Health**

DATE: **10 September 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, providing information regarding the work of Community and Public Health on the West Coast.

2. RECOMMENDATION

That the Community and Public Health & Disability Support Advisory Committee
i notes the Community and Public Health Update

3. SUMMARY

The purpose of this report is to provide the Committee with information and highlights of Community and Public Health's work.

4. APPENDICES

Appendix 1: Community and Public Health Update

Report prepared by: Claire Robertson – West Coast Team Leader
Community and Public Health

Report approved for release by: Dr Cheryl Brunton, Public Health Specialist and
Derek Benfield, Regional Manager, Community and Public Health

REPORT to WCDHB CPHAC/DSAC
COMMUNITY AND PUBLIC HEALTH (CPH)

SEPTEMBER 2015

Community Health Information Centre

Community and Public Health, through a contract with the Ministry of Health, has a Community Health Information Centre (CHIC) at our Greymouth office. CHIC provides the most up-to-date health information resources for the West Coast community and these resources are all free. Resources available include pamphlets, posters, booklets and stickers on a wide range of health topics.

Users of the resource room at present include teachers, health workers, parents, counsellors, youth workers, students, community members and employers. The resource room is also breastfeeding-friendly. For those who live elsewhere on the West Coast, we are able to send out any health resources required absolutely free. We have a catalogue that lists all of the information and resources that we stock and this can also be viewed through our website. Last year, we sent out 107,344 resources to West Coast communities from Karamea to Haast.

Community Corrections Health Promotion Project

CPH has recently completed delivering a series of six health promotion sessions with people serving community-based sentences at Community Corrections. This pilot project builds on some work done with Corrections in late 2013 which aimed at increasing awareness of health-related issues among Corrections' clients and highlighting pathways for further community-based support. Session topics included: basic nutrition, two hands-on cooking sessions, living a Smokefree life, responsible alcohol use, and services available through the West Coast PHO. Preliminary evaluation indicates these sessions were valuable and of interest to the Corrections participants. Our evaluation also highlighted a need for better access to mental health care for this group and the significant role that alcohol had played in some participants becoming involved with Community Corrections. Some participants have enrolled with smoking cessation programmes after the programme. CPH will continue to work with Community Corrections to run another series of sessions in the coming months.

Tobacco Controlled Purchase Operation

A Tobacco Controlled Purchase Operation (CPO) was carried out over two days last month in the Grey and Westland Districts. A Ministry of Health contractor also assisted with the CPO and carried out an audit of the process at the same time.

A total of 27 premises from Dobson and Runanga in the north to Franz Josef and Fox Glacier in the south were visited. There was just one sale at a premise in Greymouth. The person who made the sale of the tobacco products to the underage volunteer will likely be issued with a fine of $500 by the Ministry of Health. Letters have been sent to all of the businesses who were visited and did not make a sale. There were some premises who almost made a sale, so a reminder about always requesting ID when uncertain about the customer's age will be included in the letter.

New Alcohol Licencing Officer

CPH has recently appointed a new alcohol licencing officer, Rodney Beckett. This role supports the Medical Officer of Health to inquire into and report on applications for on, off, club and special licences as required under the Sale and Supply of Alcohol Act 2012. Rodney comes to us from a long career in the Police and has excellent local knowledge which will benefit his new role.

Aukati KaiPaipa

CPH staff supported the Poutini Waiora/West Coast PHO Spirometry clinic in Westport in August. Our Aukati KaiPaipa (AKP) practitioner was on hand to offer cessation support for those involved in the clinic who would like to quit smoking. Following Joe Mason's recent decision to reduce his hours to 0.6FTE, we have appointed Diana Panapa to a 0.4FTE position as an AKP smoking cessation worker. Sharing this role between two people will increase flexibility in the delivery of AKP services for the Coast.

Working with Māori

CPH is working with Poutini Waiora and the West Coast PHO in planning the delivery of a hauora/wellbeing programme for the Mana Tamariki Mokopuna participants. The programme aims to inform participants and support pathways of access into primary care/community services, focusing on areas of identified health need within the group.

The latest Kaumātua Wellbeing hui scheduled for the 2nd September was postponed due to the passing of a whānau member. This has been rescheduled for November. The focus of this hui is to be arthritis/gout and asthma. Planning continues with our partners around future kaumātua wellbeing hui.

Water Supplies Capital Assistance Programme Subsidy - Update on 2014/15 Subsidy Round

Nationally an unprecedented 40 applications were received for the final Capital Assistance Programme Subsidy round and of these, five were submitted for West Coast supplies. The Minister's decision on these applications has now been made and letters notifying both the successful and unsuccessful applicants were posted on 13 August 201 along with a press release.

On the West Coast the only successful application was for the Kumara Water Supply, made by Westland District Council. The four applications made in the Buller district for Hector/Ngakawau, Little Wanganui, South Granity and Westport were unfortunately not successful.

MAORI HEALTH PLAN UPDATE

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

TO: **Chair and Members**
Community and Public Health & Disability Support Advisory Committee

SOURCE: **General Manager, Maori Health**

DATE: **September 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to Community & Public Health & Disability Support Advisory Committee as a regular update.

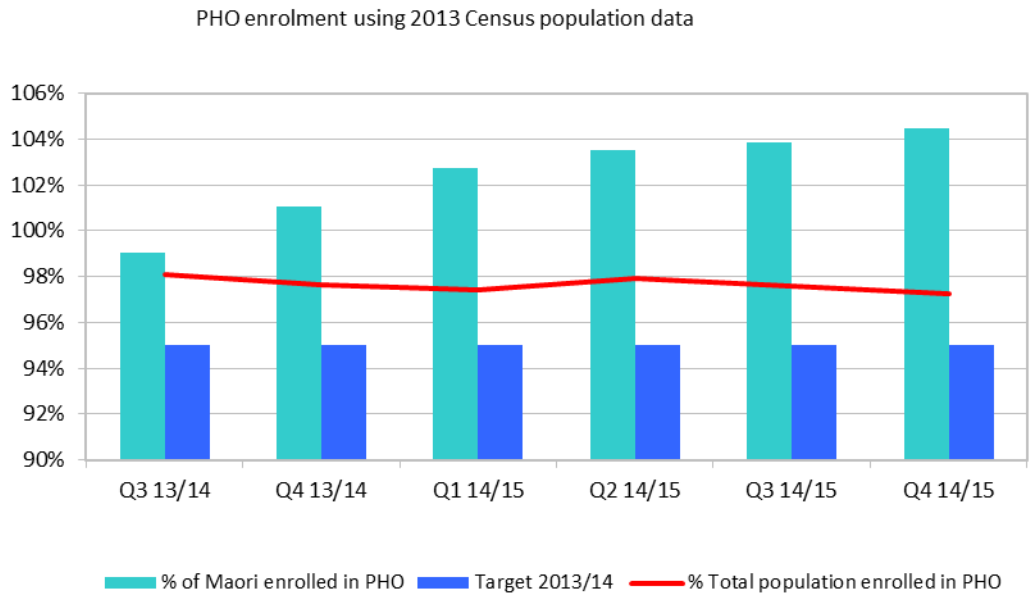
2. RECOMMENDATION

That the Community & Public Health & Disability Support Advisory Committee:
i notes the Maori Health Plan Update.

Maori Health Quarterly Report – Q4, 2014/15

Access to care

Percentage of Maori enrolled in the PHO



*** 2006 census population was used as the denominator.**

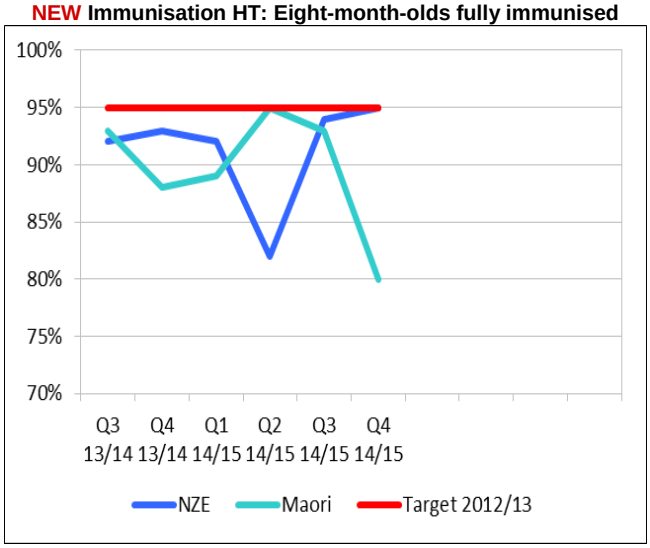
ACHIEVEMENTS/ISSUES OF NOTE

Enrolment in PHO: Using the 2013 population census figures 104% of Maori were enrolled with the PHO as at 30 June 2015. 3312 Maori were enrolled in quarter 4 compared to 3293 in quarter 3 an increase of 19 and an increase of 54 since Quarter 1.

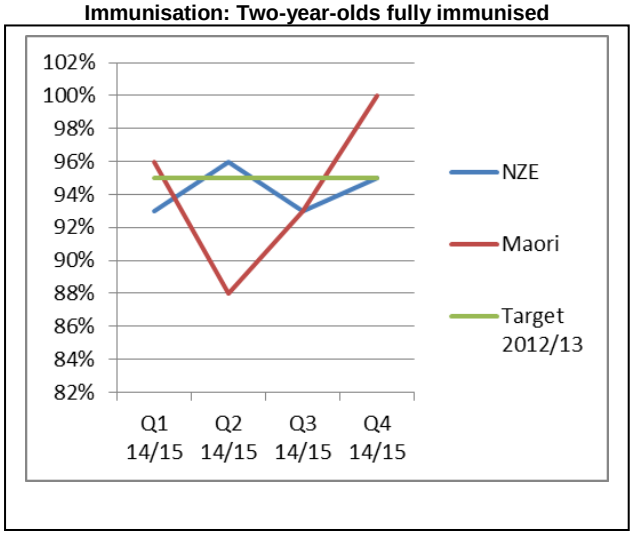
The Census data shows total Maori population is 3171.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



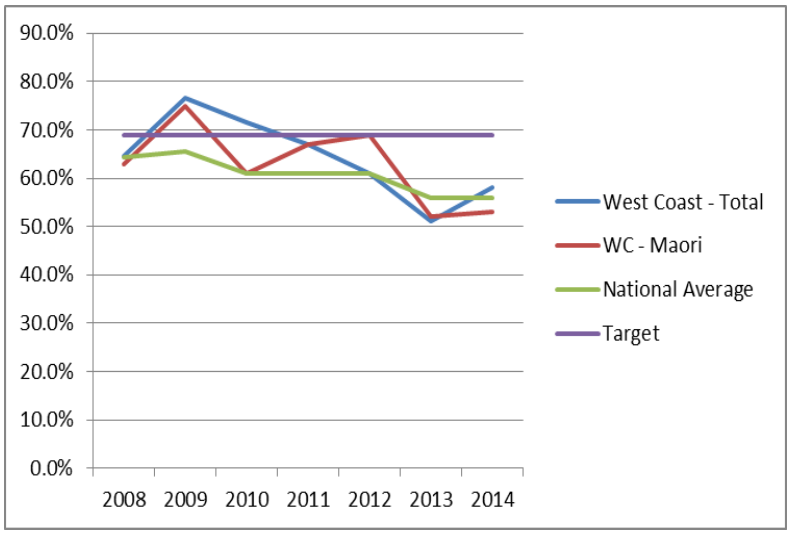
Eight-month-old immunisation: 80% of Maori babies have been immunised on time at 8 months of age in quarter 4 – 16 babies out of 20 eligible for this quarter which is a drop of 23% from Q3. This is compared to 95% of non-Maori babies where 52 from 55 eligible babies have been immunised.

Two-year-old immunisation: 100% of Maori 2 year olds have been immunised on time in Quarter 4 – 25 from 25 eligible babies. This is compared to 95% NZ European babies - 42 from 44 eligible babies.

Excellent results for Maori with 100% of 2 year olds immunised on time in Quarter 4.

Breastfeeding Support: The community lactation consultancy and breastfeeding advocates continue to be in contact with all new-born's Mums. There have been 52 new and return advocacy clients, including 6 Maori and 10 other.

Percentage of West Coast babies fully/exclusively breastfed at 6 weeks



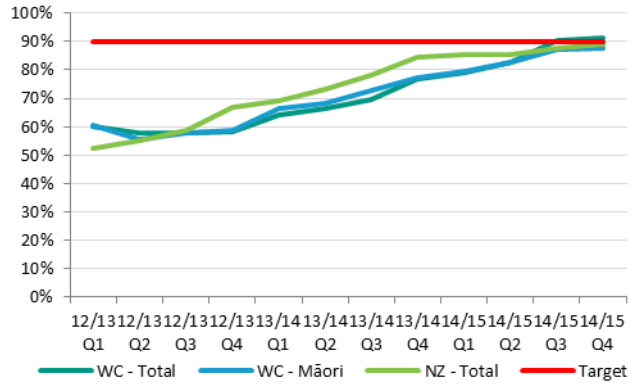
The breastfeeding target of 69% of babies exclusively/fully breastfed at 6 weeks continues to be a challenge for Maori. We will work closely through the Breastfeeding Interest Group and prioritising Maori Breastfeeding as a key target within the WC Priority Plan for Breastfeeding. We should begin to see some really positive results through the Mana Tamariki project and through the new Mama and Pepi worker at Poutini Waiora. Additionally all Mums receive contact by a Breastfeeding advocate

Mum 4 Mums

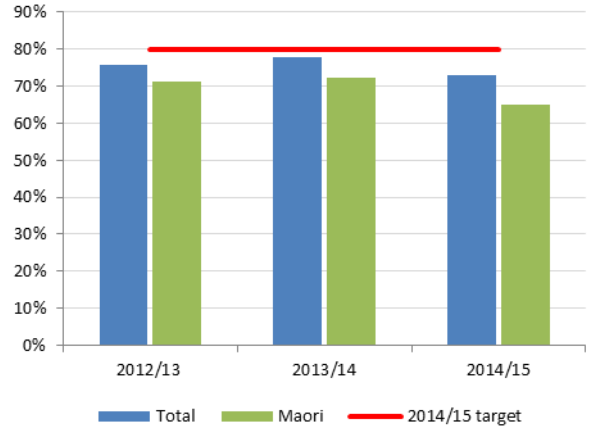
There have been 15 Mum for Mums trained as at 30 June 2015. Only 1 has been Maori and 1 Pacific however the Mana Tamariki Project Co-ordinator has been working with the PHO to look at developing a specific M4M training with Mums from that group of which they have 59 Mums engaged in the initiative.

More Heart & Diabetes checks

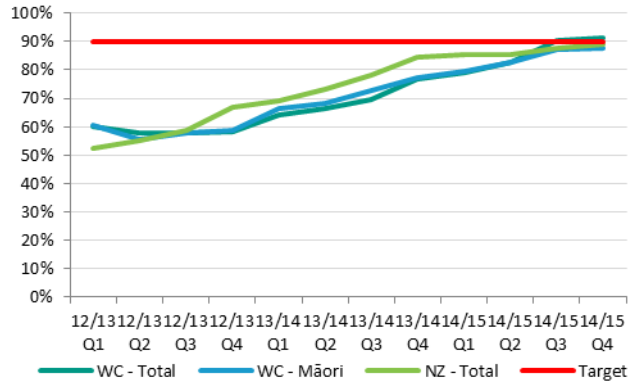
Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year



Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



Diabetes

Maori still continue to show a good rate of access to Diabetes Annual Reviews. 98 Maori have participated in a Diabetes Annual Review. 65% of Maori with diabetes have had Retinal Exams, 64% show HBA1c levels at or below 8.0, 61% are non-smokers and 70% are on statins.

CVD Health Target

Performance against the More Heart and Diabetes Checks Health Target has increased this quarter, once again meeting the target with a result of 91.1%.

Maori make up 8% of CVRAs this quarter. By comparison, Maori make up 9.8% (1026) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years). 88% of those eligible have been screened: this includes 84% of eligible males and 92% of eligible females.

The smoking profile for CVRAs completed this quarter for Maori is 55% not smoking compared with other ethnicities screened not smoking 70%.

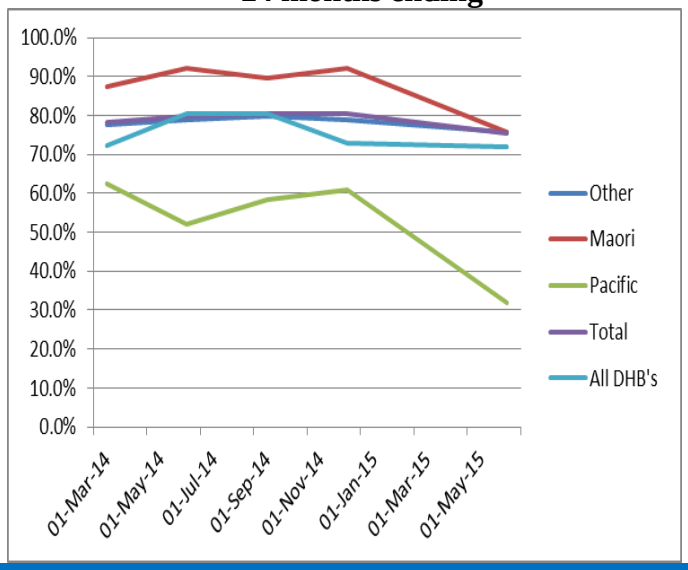
Green Prescription: Quarter 4 data shows from 123 referrals to the Green Prescription programme in the Grey/Westland district 17 were for Maori, 26 total referrals were made in the Buller district with 6 being for Maori. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety

and cardiovascular disease. This quarter sees a pleasing increase for Maori in the Buller and Grey/Westland districts.

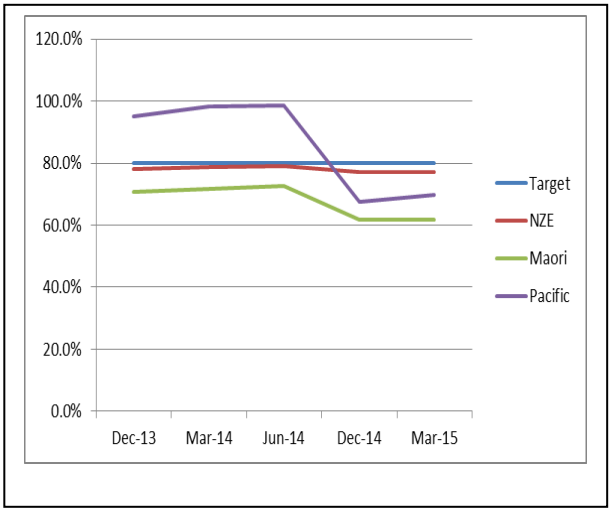
Long Term Condition Management (LTC): 233 Maori are enrolled in the Long Term Conditions programme as at June 30 2015 and increase from 205 in quarter 3, Maori enrolments makes up 6% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 6.3% of the enrolled population at the primary practices aged 45 years and above.

Cancer

Percentage of eligible Maori women (45-69) receiving breast screening examination in the last 24 months ending



Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years

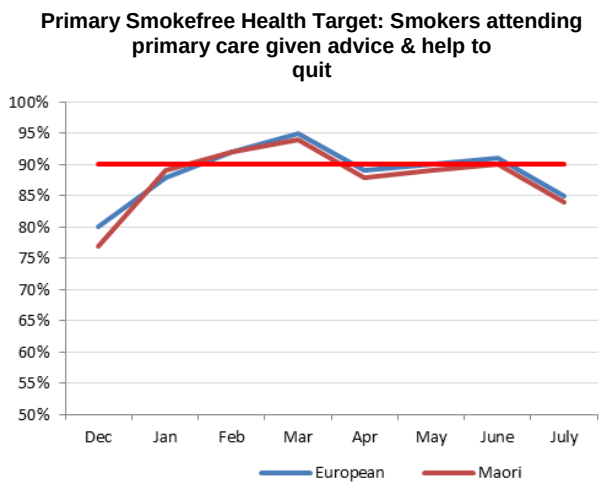


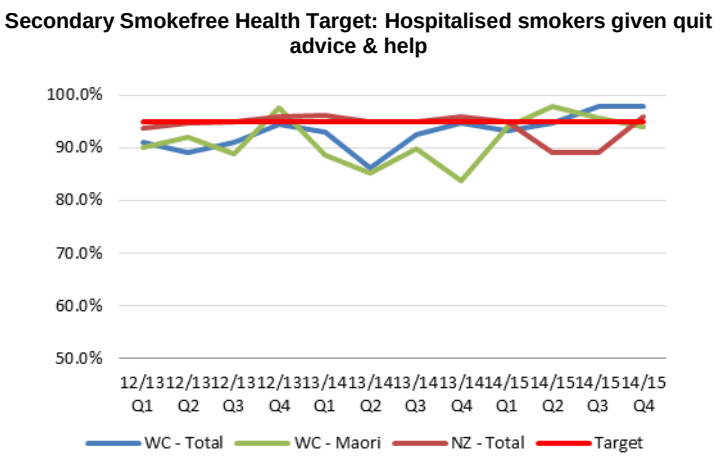
ACHIEVEMENTS/ISSUES OF NOTE

Breast Cancer Screening: Approximate 75.47% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending June 2015. The coverage for eligible Maori women has dropped considerably in this quarter to 75.7 however still continues to be higher compared to all other DHBs. The drop has occurred nationally and is as a result of the new census data.

Cervical cancer screening: At the end of March 2015, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 61.9%. The result for Pacific women was 69.6 and for New Zealand European is 77.7%. The Ministry of Health are currently facilitating a process for the redesign of screening services including Breast screening. The National Screening unit plans to run a contestable tender process from 1 November 2015. Locally we are going to begin discussions regarding how this may look and work for us here on the Coast.

SMOKING CESSATION





ACHIEVEMENTS/ISSUES OF NOTE

Primary Smokefree Health Target: Smokers attending primary care given advice and help to quit

Performance improved 15.7% during Quarter 3, meeting and exceeding target with a result of 94%. We are very pleased to have met target for the first time, attributing our success to the install of patient dashboard as well as long standing best practice initiatives. For Maori the result has been that 711 from 730 (97.4) % of registered Maori smokers have been provided with Brief Advice and Cessation support.

Smoking quit rates:

Service	Usage (6 month Jan-Jun 2015)	Outcomes (3 month Quit Rate)
Aukati KaiPaipa	**126**	**38.3%**
DHB Cessation Service	**113**	**≈ 31.3%**
Coast Quit	**312**	**31.8%**

Aukati Kai Paipa: For the half year from January to June 2015 the AKP service has worked with 126 clients with a 38.3% validated abstinence rate at 3 months. The Aukati Kai Paipa cessation adviser is working more closely with practices and Poutini Waiora which is resulting in increased referrals to the service.

PHO Coast Quit Programme: For the quarter March – June 2015 .18.4% (23) Maori accessed the Coastquit cessation service an increase of 8% from last quarter.

Secondary care better help for smokers to quit health target: During Quarter 4, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support –meeting the Secondary Care Better Help for Smokers to Quit Health Target. Best practice initiatives continue, however the effects of small numbers remain challenging. Result reflects 99.7% of discharges coded

The Healthy West Coast Alliance workstream have set a high target for improving the access by Maori to cessation services (25% across all services) and have developed an action plan to more effectively target Maori Smokers to promote a quit attempt and increase access rates to cessation services including (but not limited to) Aukati KaiPaipa.

To this end, a sub-group made up of all cessation service providers and health promoters from C&PH and the PHO have developed some key actions. These include: 100% of Poutini Waiora staff receiving updated ABC training; targeted Health Promotion material to be developed detailing all cessation service providers available; Maori specific group sessions to run during Stoptober; AKP worker linking with PHO to access practice enrolment data, specifically Maori Smokers not identified as having received Brief Advice.

The latest data from Jan to June 2015 shows that across all services 20.4% of clients referred to cessation are for Maori which is a pleasing result.

Service	% Maori access
DHB Cessation services	14.1%
Coast Quit	13.8%
Aukati Kaipaipa	46.8%
All Services	20.4%

A pilot has also been conducted in the Buller region with Poutii Waiora conducting Spirometry testing on all Maori patients with a known diagnosis of COPD. Whanau were tested and screened for smoking status with smokers being given targeted advice regarding the benefits of quitting.

NRT is available at a reduced cost or free through all three West Coast specific cessation services – DHB cessation services, Aukati Kaipaipa & Coast Quit. Subsidised inhalers are available from Greymouth hospital to staff and patients. Varenicline, Bupropion, and Nortriptylline are available at reduced cost or free through the Coast Quit programme, as clinically indicated.

Motivational Interviewing in relation to smoking behaviour is due to be piloted by the Maori Mental Health Team as part of a campaign to promote the 5 ways to wellness with their clients.

CPH worked with schools to assist in the delivery of the Kapa Haka and Waka Ama competitions. These Smokefree events were well attended by a number of schools across the West Coast

3. SUMMARY

Kia ora Hauora Work Placement Programme

The Rangatahi placement programme has been confirmed to take place from Monday 7 September until Wednesday 9 September 2015. The schedule of events is still being finalised however an expansion of last years inaugural placements is being arranged with visits to St Johns and meeting with representatives Poutini Nga Tahu – Te Runanga o Makaawhio and Te Runanga O Ngati Wae wae.

Treaty of Waitangi Workshop

A Treaty of Waitangi workshop was held on the 8 July with attendees from the health promotion sector, maternity services, pharmacy, dietetic services and an Obstetrician. The course was well received with the group breaking into two workshops in the afternoon to apply the HEAT (Health Equality Assessment Tool) to specific scenarios within health. Feedback was extremely positive and provided some great views on how we could deliver in a slightly different way with a half day focused on the Treaty and the afternoon participants doing workshops using the HEAT tool.

Orientation – Web-Based Maori Health Monitoring tool

The latest DHB orientation for new staff provided a great platform to test the new web-based Maori Health Plan Monitoring tool. What is interesting is how the tool allows comparisons between DHBs on the 16 different Maori Health Indicators. It also provides information on performance trends, disparities between Maori and Non-Maori indicators, and links to seminars on best practice by the nation's top performers.

The tool proved to have a powerful impact on the audience because we were able to graphically demonstrate the disparity between Māori and non-Māori health outcomes in a way which had not been done before. The information can be updated every 24 hours with the latest Ministry of Health data. We will continue to use the tool as often as possible in many different settings and with various audiences and encourage Managers and clinicians to learn how this tool can assist in their work. It will give more transparency to performance. For example DHBs can see whether the initiatives they are using against a certain indicator are working and if not they can try other initiatives available elsewhere.

Maori Health Plan 2015/2016

Final sign off has been received from the Ministry for the 2015/2016 Maori Health Plan. Copies of the plan will be distributed widely amongst the health sector and to our community partners. This has been a lot of work and so it is positive the Ministry of health has given it approval.

Te Rau Matatini – Cultural Competency training

This training will be held Wednesday 9 September and Tuesday 13 October at Tuhuru Marae, Arahura. The Kaitiaki Ahurea Level 2 programme is a New Zealand Qualifications Authority (NZQA) training scheme that was developed and delivered by Te Hau Maia to non-Maori working in Public Health. The response from the DHB, CPH and Plunket has been extremely encouraging – we have 24 registered to date including Clinical Leaders, Planning and Funding and others from across the health and disability sector, Public Health Nurses, Plunket Nurses, Mental health workers, OT, Social Workers and Health Promoters.

The purpose for developing this training course is to increase Maori public health gains, by:

- Providing a foundation level of learning and understanding in cultural competencies for beginner and experienced Public Health practitioners e.g. health promoters, health protection officers, medical officers of health and others.
- Influencing the transformation of Public Health unit practices towards a more Maori responsive Public Health services throughout Te Waipounamu.
- Participation in developing, mobilising and maintaining a Maori Public Health network throughout Te Waipounamu and Aotearoa.

PLANNING & FUNDING UPDATE

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

TO: **Chair and Members**
Community and Public Health & Disability Support Advisory Committee

SOURCE: **Planning & Funding**

DATE: **10 September 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made on the Minister of Health's health and disability priorities and the West Coast DHB's Annual Plan key priority areas.

2. RECOMMENDATION

That the Committee notes the Planning & Funding update.

3. SUMMARY

✓ Key Achievements

- The West Coast continues to perform well above the 95% 6-hour ED health target with 99.8% of patients admitted, discharged or transferred from Grey Base ED within six hours during July 2015.
- The West Coast DHB exceeded the **improved access to elective surgery health target** for the 2014/15 year by 129 discharges, representing 108.1% of target.
- During Quarter 4, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support –meeting **the secondary care better help for smokers to quit health target.**
- West Coast DHB continues to meet both primary care targets. During Quarter 4, performance against the **primary care better help for smokers to quit health target** was 90.2% and performance against the **more heart and diabetes checks health target** was 91.1%.

✘ Key Issues & Associated Remedies

- Following the achievement of the year-end targets for the 2014/15 year, West Coast DHB has not met target in July, delivering B4 School Checks to 4% of the total eligible population and 2% of the high deprivation population against the 8% target. Results were affected by staff sick leave and a catch-up plan is already in place.

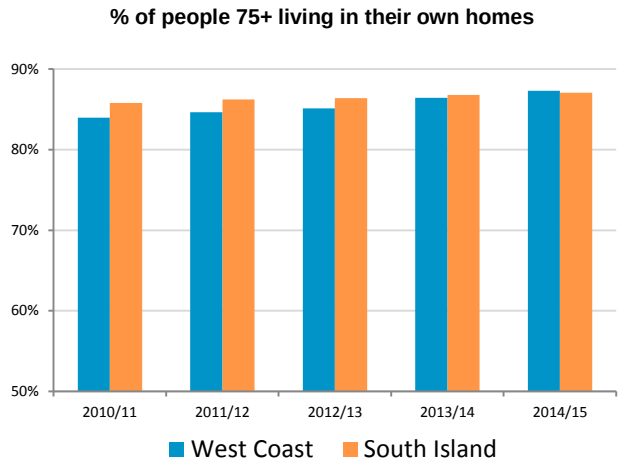
ⓘ Upcoming Points of Interest

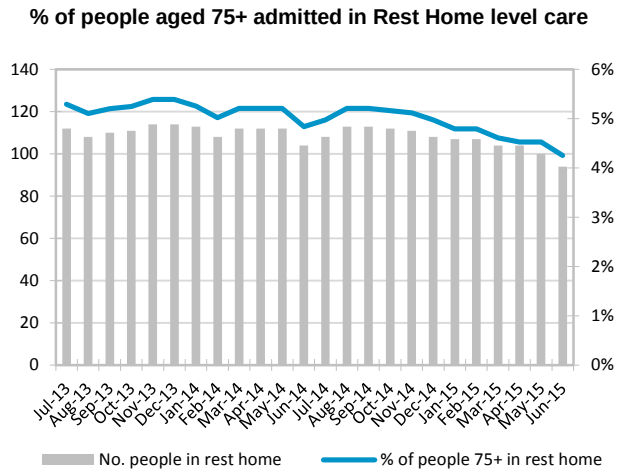
- **Older Persons' Health**

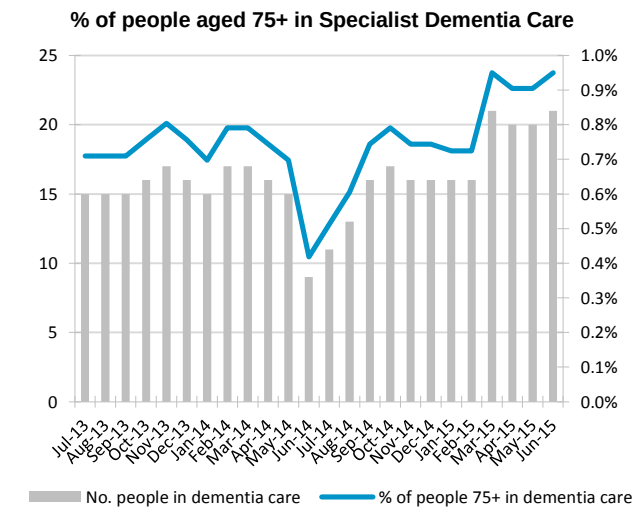
  Allen Bryant Lifecare expects to open a wing in September 2015 which will provide 17 multi-use ARC beds which will ease aged residential care pressure on the Coast.

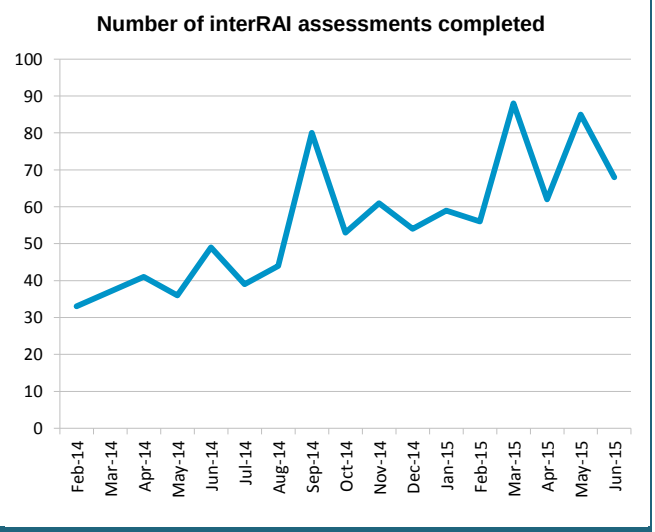
Report prepared by: Planning & Funding
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Older Persons' Health









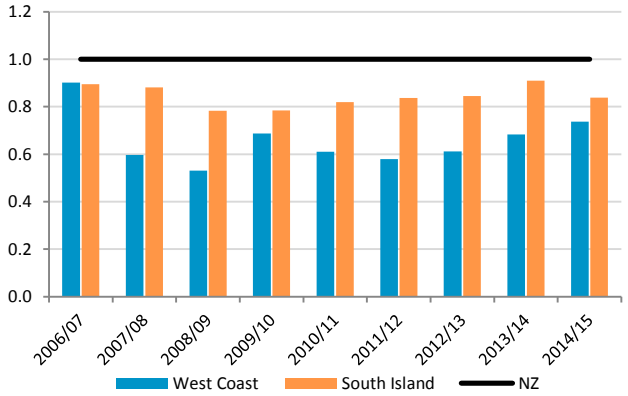
Achievements / Issues of Note

Allen Bryant Lifecare expects to open a wing in September 2015 which will provide 17 multi-use ARC beds which will ease aged residential care pressure on the Coast.

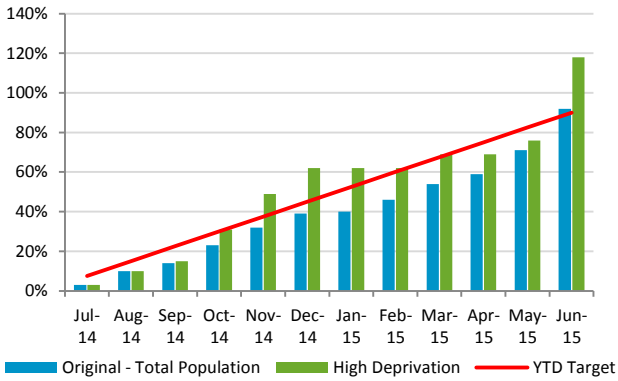
The Falls Champion Supported Discharge role has not been filled despite multiple advertisements. Planning and Funding and Allied Health are working together to identify potential ways for this role to be developed from within existing resources.

Child, Youth & Maternity

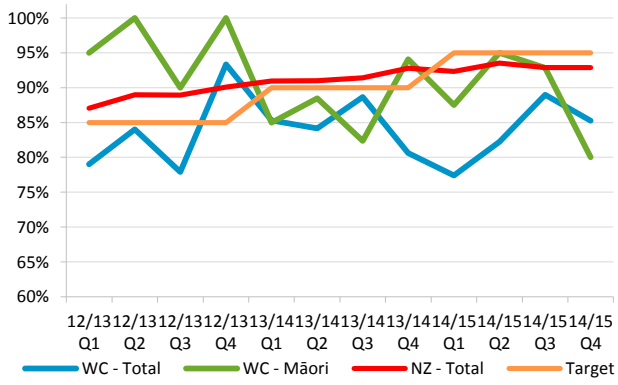
Acute medical discharge rates for children (age 0-14)



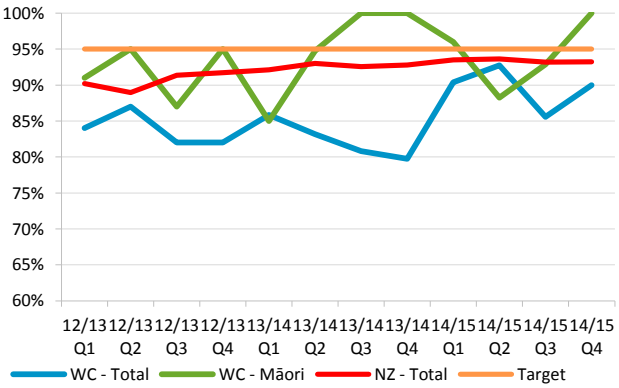
B4 School Check coverage



Immunisation HT: Eight-month-olds fully immunised



Two-year-olds fully immunised



Achievements / Issues of Note

Immunisation: West Coast DHB has not met the Increased Immunisation Health Target, vaccinating 85% of our eligible population in Quarter 4. Opt-off & declines increased this quarter at a combined total of 16.6%—6.6% increase on the previous quarter which is reflected in our reduced results. Therefore 98% of the reachable population was immunised with only two children overdue at their milestone age.

B4 School Check coverage: Following the achievement of the year-end targets for the 2014/15 year, West Coast DHB delivered B4 School Checks to 4% of the total eligible population and 2% of the high deprivation population against the 8% target during July. Results were affected by staff sick leave and a catch-up plan is already in place.

Maternity: Quarter 4 maternity smoking health target results have been released and we are pleased the results indicate smokers registering with an LMC earlier in their pregnancy. It's also pleasing to note 100% of pregnant smokers being offered advice and support to quit, with 20% accepting a referral to Cessation Support services.

Mental Health

	0-19 Years			20-64 Years			65+		
Mental Health Provider Arm	**Client seen**	**(%)**	**Cumm %**	**Client seen**	**(%)**	**Cumm %**	**Client seen**	**(%)**	**Cumm %**
≤3 weeks	142	62.8%	62.8%	214	90.7%	90.7%	25	92.6%	92.6%
3-8 weeks	57	25.2%	88.1%	14	5.9%	96.6%	1	3.7%	96.3%
>8 weeks	27	11.9%		8	3.4%		1	3.7%	
Total	226	100.0%		236	100.0%		27	100.0%	
Provider Arm & NGO (AOD)	**Client seen**	**(%)**	**Cumm %**	**Client seen**	**(%)**	**Cumm %**	**Client seen**	**(%)**	**Cumm %**
≤3 weeks	15	78.9%	78.9%	71	73.2%	73.2%	3	100.0%	100.0%
3-8 weeks	1	5.3%	84.2%	24	24.7%	97.9%	0	0.0%	100.0%
>8 weeks	3	15.8%		2	2.1%		0	0.0%	
Total	19	100.0%		97	100.0%		3	100.0%	

= within 5% of target
= target met
= Target not met

3 week target: 80%
8 week target: 95%

		3W Q1	3W Q2	3W Q3	**3W Q4**	Progress	8W Q1	8W Q2	8W Q3	**8W Q4**	Progress
% of people referred for non-urgent **mental health** services seen within 3 and within 8 weeks	Age 0-19	73.9	68	59.1	62.8	▲ 3.7	93.5	100	81.4	88.1	▲ 6.7
	Age 20-64	62	84.6	91.1	90.7	▼-0.4	88	96.6	95.5	96.6	▲-1.1
	Age 65+	89.3	84.4	95.0	92.6	▼-2.6	96.4	98.4	100	96.3	▼-3.7
	Total	76.1	77.1	75.5	77.9	▲ 2.4	93.4	98.4	88.8	92.6	▲ 3.8
% of people referred for non-urgent **addictions** services seen within 3 and within 8 weeks	Age 0-19	66.7	54.4	71.4	78.9	▲ 7.5	83.3	91.2	78.6	84.2	▲ 5.6
	Age 20-64	72.2	81	76.0	73.2	▼-2.8	88.9	96	98	97.9	▼-0.1
	Age 65+	78.8	83.3	50	100	▲ 50	94.2	91.7	100	100	--
	Total	77.4	75.5	75.0	74.8	▼-0.2	93.5	94.8	95.7	95.8	▲ 0.1

Achievements / Issues of Note

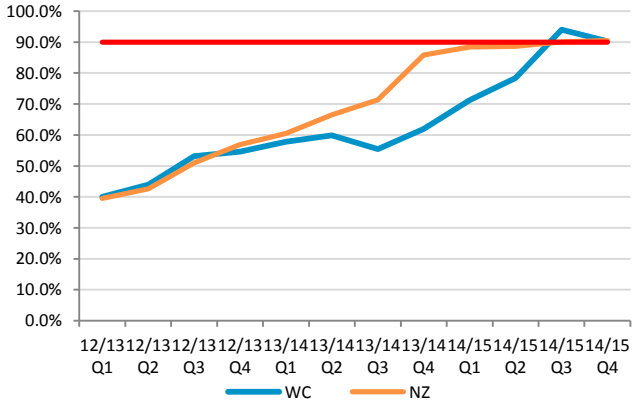
As reported previously, wait times improved during Quarter 4 with all except the 0-19 age group meeting or being within 10% of target.

There continues to be collaboration between PHO, NGO and Specialist Mental Health Services to improve access pathways in line with the locality-based approach described in the Mental Health Review Report. The clear intention is to provide services to people close to their home while retaining the expertise of the current centralised approach.

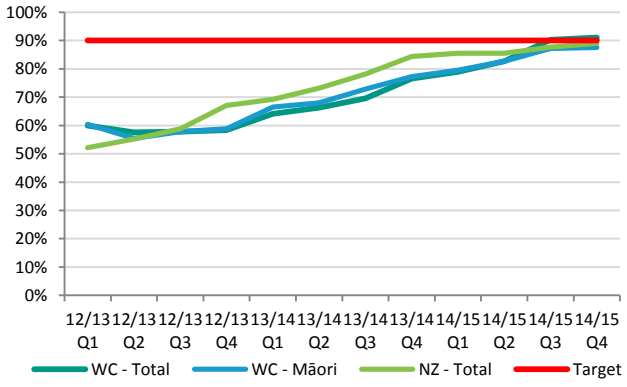
Project management support has been put in place to progress the implementation of the review recommendations, particularly within DHB services where considerable reconfiguration is required.

Primary Care & Long-Term Conditions

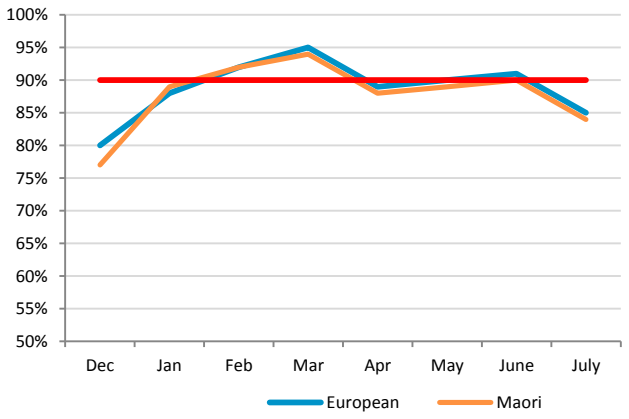
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



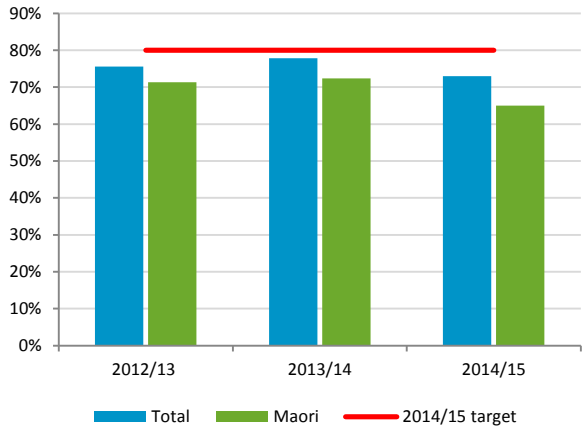
More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



Primary Smokefree Karo data: Smokers attending primary care given advice & help to quit – by ethnicity



Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Achievements / Issues of Note

Primary care better help for smoker's health target: Performance against the Primary Care Smokers Better Help to Quit Health Target has decreased slightly in Quarter 4, at 90.2%. The DHB is pleased to meet target once again.

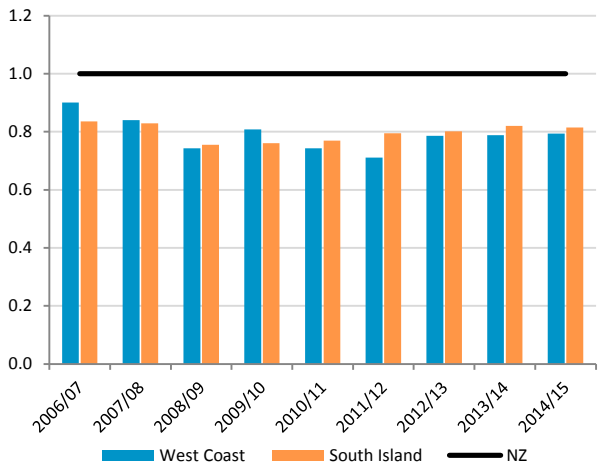
Smoking quit rates:

Service	Usage (6 month Jan-Jun 2015)	Outcomes (3 month Quit Rate)
Aukati KaiPaipa	126	38.3%
DHB Cessation Service	113	≈ 31.3%
Coast Quit	312	31.8%

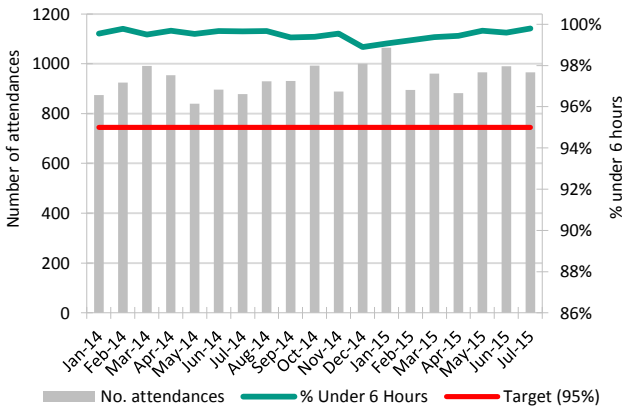
CVD health target: Performance against the More Heart and Diabetes Checks Health Target has increased this quarter, once again meeting the target with a result of 91.1%.

Secondary Care & System Integration

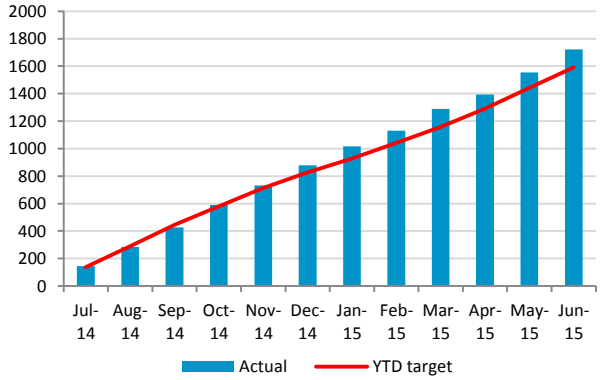
Acute Medical Discharge Rate



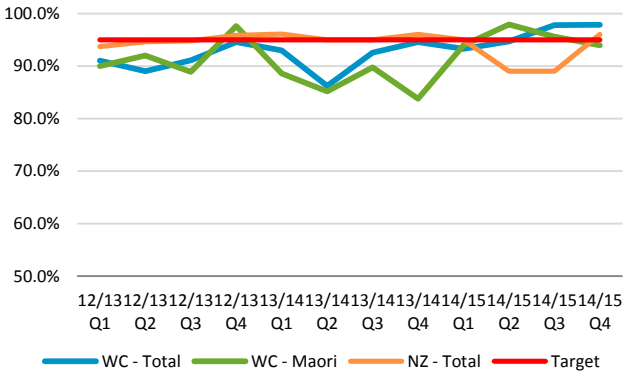
Emergency Department (ED): Attendances & <6 Hours Health Target



Electives Health Target: Elective surgical discharges



Secondary Smokefree Health Target: Hospitalised smokers given quit advice & help



Achievements / Issues of Note

ED health target: The West Coast DHB continues to achieve impressive results with 99.8% of patients admitted, discharged or transferred from Grey Base ED within six hours during July 2015.

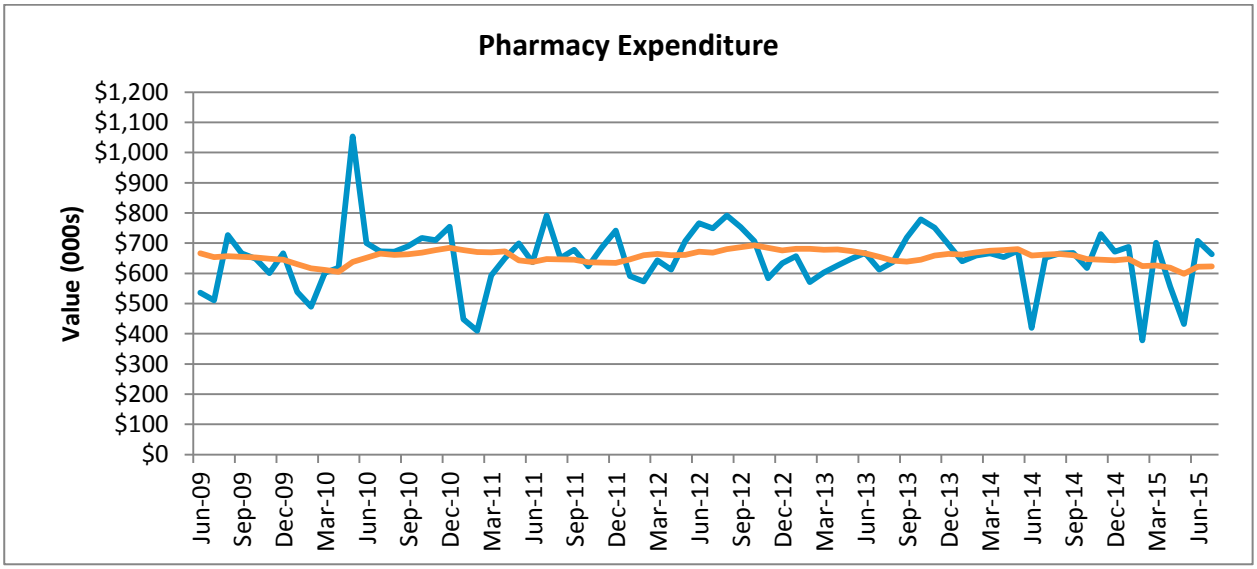
Secondary care better help for smokers to quit health target: During Quarter 4, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support –meeting the Secondary Care Better Help for Smokers to Quit Health Target. Best practice initiatives continue, however the effects of small numbers remain challenging. Result reflects 99.7% of discharges coded.

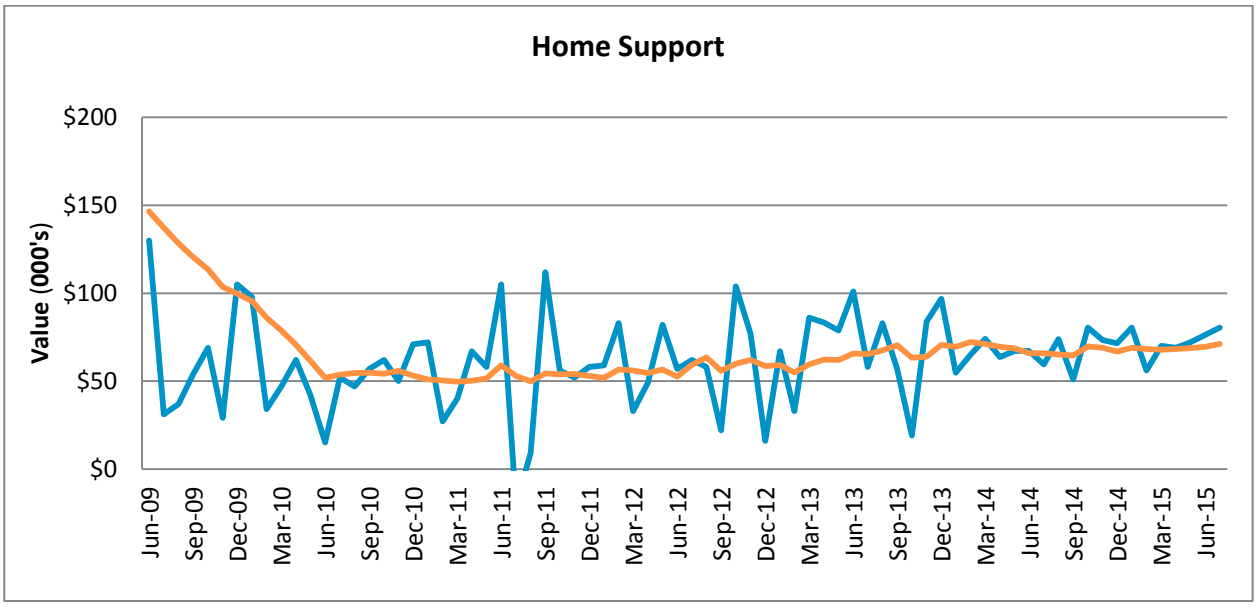
Electives health target: The West Coast DHB exceeded target for the 2014/15 year by 129 discharges, representing 108.1% of target.

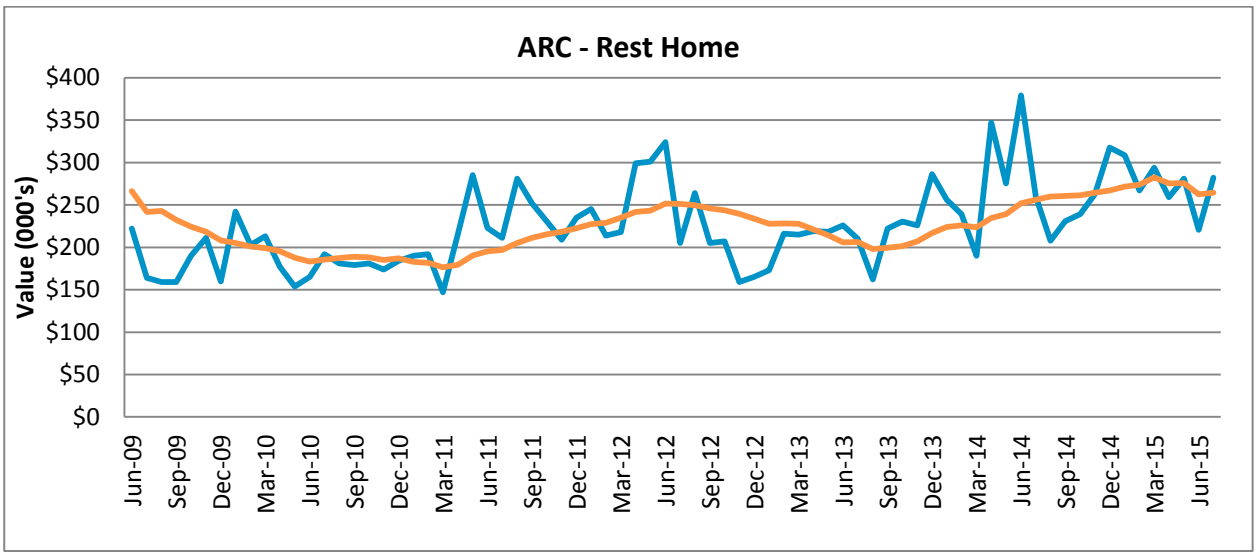
ESPI compliance: ESPI targets: One patient exceeded the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in June 2015, with that patient also exceeding the 4-month maximum waiting time from First Specialist Assessment to surgical treatment (ESPI 5) in June 2015. This patient has since been treated and discharged.

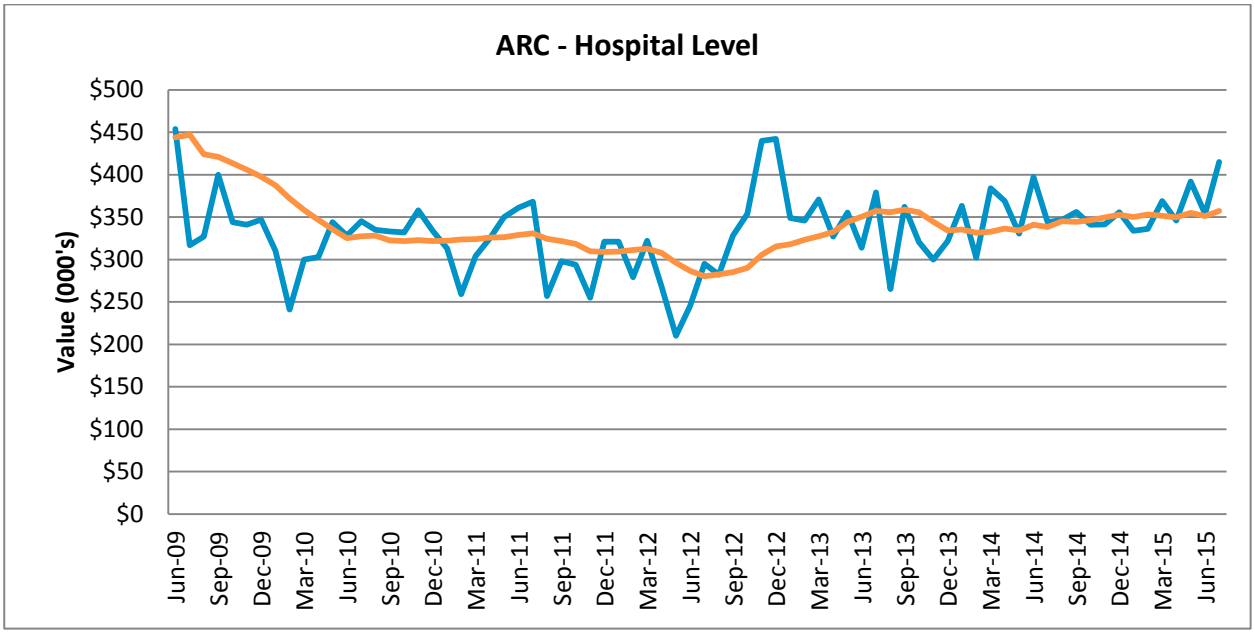
Financials

The following graphs are presented to show expenditure trends over time:
— Expenditure Trend — Rolling average








ARC - Hospital Level
Value (000's)
$500
$450
$400
$350
$300
$250
$200
$150
$100
$50
$0
Jun-09
Sep-09
Dec-09
Mar-10
Jun-10
Sep-10
Dec-10
Mar-11
Jun-11
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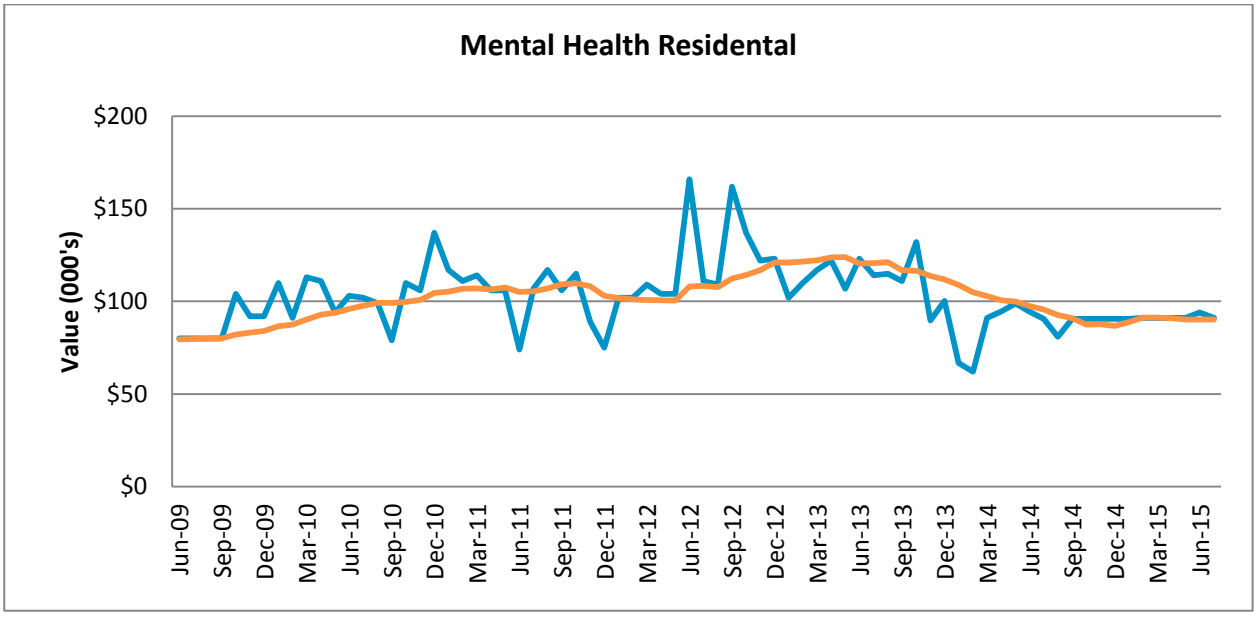
Mar-15
Jun-15


Mental Health Residental
Value (000's)
$200
$150
$100
$50
$0
Jun-09
Sep-09
Dec-09
Mar-10
Jun-10
Sep-10
Dec-10
Mar-11
Jun-11
Sep-11
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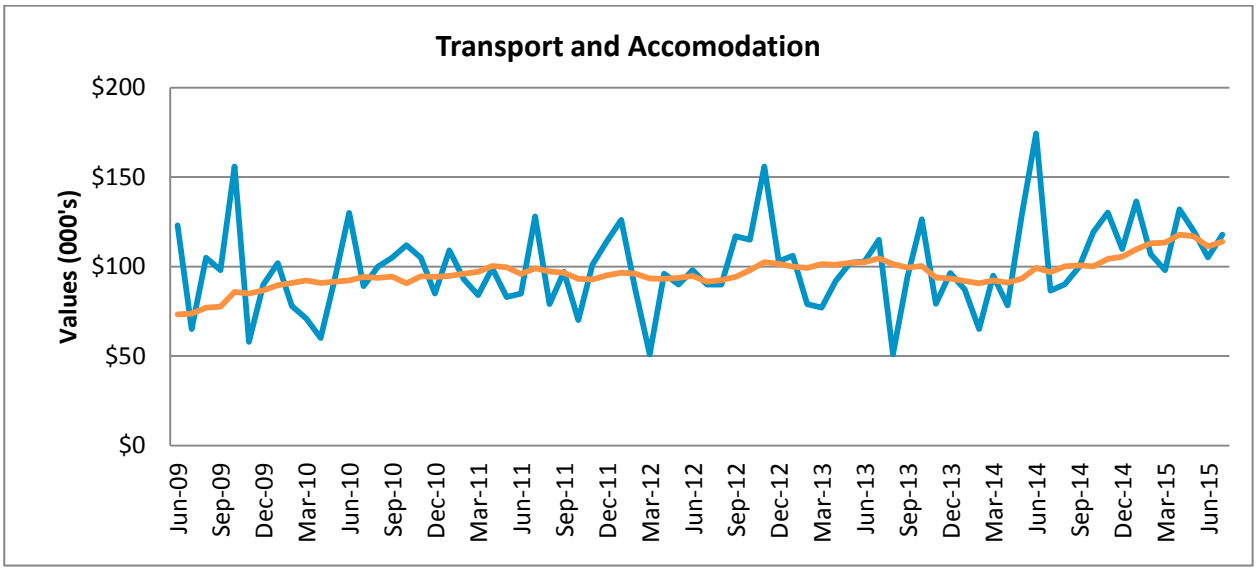
Transport and Accomodation
Values (000's)
$200
$150
$100
$50
$0
Jun-09
Sep-09
Dec-09
Mar-10
Jun-10
Sep-10
Dec-10
Mar-11
Jun-11
Sep-11
Dec-11
Mar-12
Jun-12
Sep-12
Dec-12
Mar-13
Jun-13
Sep-13
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Dec-14
Mar-15
Jun-15

Planning and Funding Division

Month Ended July 2015

Current Month						Year to Date					2015/16
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance			Annual Budget
$000	$000	$000	%			$000	$000	$000	%		$000
					Primary Care						
32	31	-2	-5%	✗	Dental-school and adolescent	32	31	-2	-5%	✗	369
41	26	-15	-56%	✗	Maternity	41	26	-15	-56%	✗	316
0	1	1	100%	✓	Pregnancy & Parent	0	1	1	100%	✓	8
0	3	3	100%	✓	Sexual Health	0	3	3	100%	✓	33
6	4	-2	-37%	✗	General Medical Subsidy	6	4	-2	-37%	✗	50
505	513	8	2%	✓	Primary Practice Capitation	505	513	8	2%	✓	6,152
91	91	0	0%	✓	Primary Health Care Strategy	91	91	0	0%	✓	1,093
88	87	-1	-1%	✗	Rural Bonus	88	87	-1	-1%	✗	1,049
5	5	0	-3%	✗	Child and Youth	5	5	0	-3%	✗	59
21	13	-8	-67%	✗	Immunisation	21	13	-8	-67%	✗	151
4	5	1	20%	✓	Maori Service Development	4	5	1	20%	✓	57
42	52	10	20%	✓	Whanua Ora Services	42	52	10	20%	✓	626
6	18	12	68%	✓	Palliative Care	6	18	12	68%	✓	215
11	6	-5	-73%	✗	Community Based Allied Health	11	6	-5	-73%	✗	76
9	12	3	27%	✓	Chronic Disease	9	12	3	27%	✓	144
48	53	6	11%	✓	Minor Expenses	48	53	6	11%	✓	639
907	**920**	**12**	**1%**	✓		**907**	**920**	**12**	**1%**	✓	11,036
					Referred Services						
25	23	-2	-7%	✗	Laboratory	25	23	-2	-7%	✗	279
663	663	0	0%	✓	Pharmaceuticals	663	663	0	0%	✓	7,960
688	**687**	**-2**	**0%**	✗		**688**	**687**	**-2**	**0%**	✗	8,239
					Secondary Care						
219	263	44	17%	✓	Inpatients	219	263	44	17%	✓	3,152
112	126	14	11%	✓	Radiolgy services	112	126	14	11%	✓	1,510
118	114	-4	-4%	✗	Travel & Accommodation	118	114	-4	-4%	✗	1,362
887	1,375	488	35%	✓	IDF Payments Personal Health	887	1,375	488	35%	✓	16,502
1,335	**1,877**	**542**	**29%**	✓		**1,335**	**1,877**	**542**	**29%**	✓	22,526
2,931	**3,483**	**552**	**16%**	✓	**Primary & Secondary Care Total**	**2,931**	**3,483**	**552**	**16%**	✓	**41,801**
					Public Health						
21	25	4	14%	✓	Nutrition & Physical Activity	21	25	4	14%	✓	294
0	0	0		✓	Public Health Infrastructure	0	0	0		✓	0
11	11	0	-3%	✗	Tobacco control	11	11	0	-3%	✗	129
0	0	0		✓	Screening programmes	0	0	0		✓	0
32	**35**	**3**	**9%**	✓	**Public Health Total**	**32**	**35**	**3**	**9%**	✓	**423**
					Mental Health						
11	6	-5	-96%	✗	Dual Diagnosis A&D	10.83	6	-5	-96%	✗	66
0	2	2	100%	✓	Eating Disorders	0	2	2	100%	✓	23
20	20	0	0%	✓	Child & Youth Mental Health Services	20	20	0	0%	✓	240
5	5	0	0%	✓	Mental Health Work force	5	5	0	0%	✓	60
61	61	0	0%	✓	Day Activity & Rehab	61	61	0	0%	✓	729
11	11	0	0%	✓	Advocacy Consumer	11	11	0	0%	✓	128
81	81	0	0%	✓	Other Home Based Residential Support	81	81	0	0%	✓	970
11	11	0	0%	✓	Advocacy Family	11	11	0	0%	✓	132
10	10	0	0%	✓	Community Residential Beds	10	10	0	0%	✓	117
0	0	0		✓	Minor Expenses	0	0	0		✓	0
65	65	0	0%	✓	IDF Payments Mental Health	65	65	0	0%	✓	776
274	**270**	**-3**	**-1%**	✗		**274**	**270**	**-3**	**-1%**	✗	3,242
					Older Persons Health						
0	9	9	100%	✓	Information and Advisory	0	9	9	100%	✓	114
0	0	0	100%	✓	Needs Assessment	0	0	0	100%	✓	1
81	70	-11	-15%	✗	Home Based Support	81	70	-11	-15%	✗	837
2	8	6	72%	✓	Caregiver Support	2	8	6	72%	✓	96
282	281	-1	-1%	✗	Residential Care-Rest Homes	282	281	-1	-1%	✗	3,370
4	5	0	3%	✓	Residential Care-Community	4	5	0	3%	✓	56
415	360	-55	-15%	✗	Residential Care-Hospital	415	360	-55	-15%	✗	4,318
	0	0		✓	Ageing in place	0	0	0		✓	0
9	0	-9		✗	Day programmes	9	0	-9		✗	0
6	15	9	61%	✓	Respite Care	6	15	9	61%	✓	180
1	1	0	0%	✓	Community Health	1	1	0	0%	✓	15
	1	1	100%	✓	Minor Disability Support Expenditure	0	1	1	100%	✓	16
91	91	0	0%	✓	IDF Payments-DSS	91	91	0	0%	✓	1,090
891	**841**	**-52**	**-6%**	✗		**891**	**841**	**-50**	**-6%**	✗	10,092
1,164	**1,111**	**-55**	**-5%**	✗	**Mental Health & OPH Total**	**1,164**	**1,111**	**-53**	**-5%**	✗	**13,333**
4,127	**4,630**	**502**	**11%**	✓	**Total Expenditure**	**4,127**	**4,630**	**502**	**11%**	✓	**55,558**

ALLIANCE UPDATE

TO: **Chair and Members**
Community and Public Health & Disability Support Advisory Committee

SOURCE: **Planning & Funding**
Alliance Leadership Team

DATE: **10 September 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made by the West Coast Alliance.

2. RECOMMENDATION

That the Committee;

i. Notes the Alliance Update.

3. SUMMARY

Progress of Note:

Alliance Leadership Team

- The ALT noted the feedback from the joint Alliance Support Group and Workstream Leads end-of-year review. The importance of cross workstream communication through the ASG meeting was noted in particular.

Mental Health Workstream

- Locality based services based on a stepped care approach are being implemented initially in Buller with other teams in the early stages of developing the model that will work for their area.

Health of Older Persons

- The CCCN continues to provide specialist advice and support across a range of settings. They have worked very effectively to support all parties through the aftermath of the Hokitika Flood.
- A wound care process mapping session was held on 30 July to identify how Coast wound care expertise is shared between the District Nursing team and ARC providers and to identify areas for improvement.
- The West Coast health system continues to ensure that Older People are having appropriate interRAI assessments in a timely fashion. Coverage is currently at 94.2%.
- The Cognitive Impairment Pathway is now active on HealthPathways. General Practice Teams are using the MoCA(Montreal Cognitive Assessment tool) regularly, leading to better diagnosis. Education sessions have been given to providers' clinical staff by the Geriaticians and also the Corporate Solicitor has delivered education about the role and importance of EPoA (Enduring Power of Attorney) arrangements. A working group will be formed in Q1

2015/16 to bring key clinicians from the CCCN, Psychiatric Older Persons Health Services and Palliative Care together to plan for further improvements.

- The new WIAS (Walking In Another's Shoes) educator is in post after a break in the programme due to personnel changes. The working group mentioned above will identify improved linkages and ways of working to ensure consistent and effective approaches to palliative care for people with dementia and others.

Grey/Westland & Buller Family Health Services (IFHS)

- A workshop in September will look at the future direction of how planned and unplanned care will be handled in both primary and secondary settings.
- Work is underway in merging Rural Academic General Practice and Greymouth Medical Centre into a single practice across multiple locations.
- Reporting on the distance travelled by patients is expected to create conversations around how we can better use telehealth to reduce travel for patients and provide care closer to home.
- Buller-based interagency meetings are now taking place more frequently. This represents important work to integrate across sectors for the benefit of the community.

Healthy West Coast

- The Request for Proposal (RFP) process for delivery of Pregnancy and Parenting Education on the West Coast has begun with the tender live on GETS (Government Electronic Tender Service) until 8th September.
- Work has begun to develop a DHB Alcohol Policy as the first step of a regional Alcohol Harm Reduction Strategy.

Child and Youth

- The transalpine Oral Health Steering Group is reviewing the draft Oral Health Promotion plan as well as a proposal for development of Emergency Dental Provision in the community.
- Work continues to expand delivery of HEEADSSS assessments into the remaining secondary schools on the Coast – delivery is expected to start in term 4. (A HEEADSSS assessment is provided to Year 9 students in low decile schools. It is free and covers: Home; Education; Employment; Eating; Exercise; Activities; Drugs; Sexuality; Suicide; Safety; and Spirituality and allows health concerns to be identified and addressed early)
- Work has begun on developing a proposal for local web content on topics relevant to youth health.

Pharmacy

- The Design lab process for hospital and community pharmacy was completed successfully with positive feedback from all participants. Floor plans confirmed through User Group process. Detailing of furniture, fixtures and fittings for the room datasheets is in progress.

Report prepared by: Jenni Stephenson, Planning & Funding
Report approved for release by: Stella Ward, Chair, Alliance Leadership Team

HEALTH TARGET REPORT QUARTER 4

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Planning & Funding**

DATE: **10th September 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to present the Board with West Coast's progress against the national health targets for Quarter 4 (April-June 2015). The attached report provides a detailed account of the results and the work underway for each health target.

DHB performance against the health targets is published each quarter in newspapers and on the Ministry and DHB websites. The Quarter 4 health target league table is attached as an Appendix.

2. RECOMMENDATION

That the Board note the West Coast's performance against the health targets.

3. SUMMARY

In Quarter 4, the West Coast has:

- Achieved the **ED health target**, with **99.7%** of people admitted or discharged within six hours. The West Coast is a leader in the country with consistent performance against this health target.
- Achieved **108.1%** of the access to **elective surgery health target**, delivering **1,721** elective surgical cases during the 2014/15 financial year, against a national target of 1,592.
- Achieved the **better help for smokers to quit (secondary) health target**, with **97.8%** of hospitalised smokers receiving help and advice to quit.
- Achieved the **better help for smokers to quit (primary) health target**, with **90.2%** of hospitalised smokers receiving help and advice to quit.
- Achieved the **more heart and diabetes checks health target**, with **91.1%** of the eligible enrolled population having had a CVD risk assessment in the last five years.

Health target performance has been weaker, in the following areas:

- This is the second quarter for the revised **faster cancer treatment health target**. Performance decreased further to **50%.** Six of the eight non-compliant patients exceeded the wait time due to clinical reasons or other justifiable reasons. Work is ongoing to improve the capture and quality of this data.
- Although not meeting target, we are pleased to maintain high coverage of the reachable population against the **increased immunisation health target.** West Coast vaccinated **85%** of our eligible population and **98%** of consenting children. Only two children were overdue at milestone age.

4. APPENDICES

Appendix 1:	Q4 1415 WC Health Target Report.pdf
Appendix 2:	HT_Q4_Indv_Col_WestCoast.pdf
Report prepared by:	Libby Doran, Planning & Funding
Report approved by:	Carolyn Gullery, GM Planning & Funding
	David Meates, Chief Executive

National Health Targets Performance Summary

Quarter 4 2014/15 *(April-June 2015)*

Target Overview

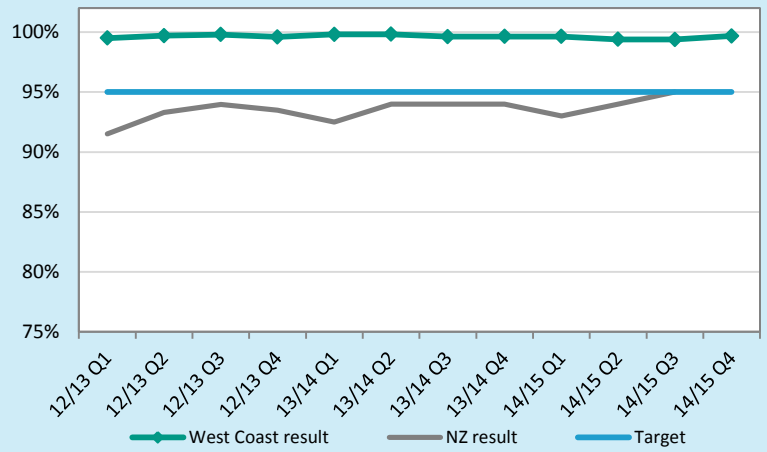
Target	Q1 *14/15*	Q2 *14/15*	Q3 *14/15*	**Q4 14/15**	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.6%	99.4%	99.4%	99.7%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery	425 *YTD*	878 *YTD*	1,288 *YTD*	1721	1,592	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	*New*	72.7%	62.5%	50%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	77.4%	82.2%	89.0%	85.3%	95%	✗	3
Better Help for Smokers to Quit[1] **Hospitalised** smokers receiving help and advice to quit	93.3%	94.7%	97.6%	97.8%	95%	✓	4
Better Help for Smokers to Quit Smokers attending **primary care** receive help and advice to quit	71.3%	78.3%	94%	90.2%	90%	✓	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	78.9%	82.6%	90.3%	91.1%	90%	✓	5

[1] *Results may vary slightly from those reported due to coding processes*

Shorter Stays in Emergency Departments

Target: *95% of patients are to be admitted, discharged or transferred from an ED within 6 hours*

Figure 1: Percentage of patients who were admitted, discharged or transferred from ED within six hours



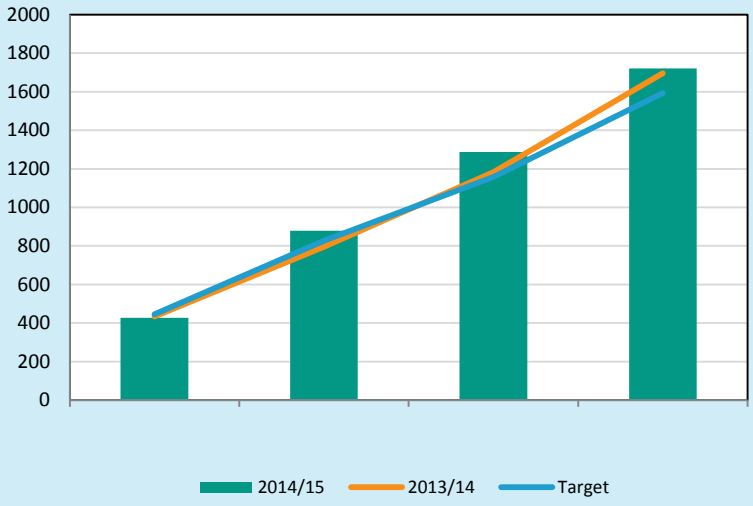
✔

The West Coast continues to achieve the ED health target, with **99.7%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter three.

Improved Access to Elective Surgery

Target: *1,592 elective surgeries in 2014/15*

Figure 2: Elective surgical discharges delivered by the West Coast DHB[2]



✔

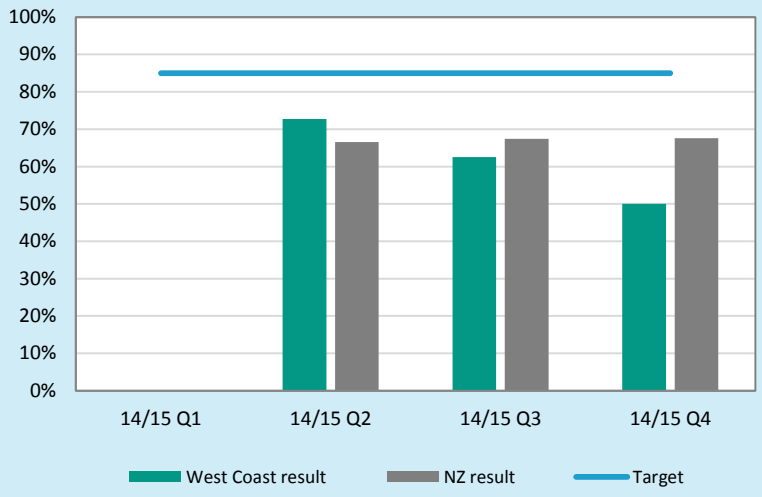
1,721 elective surgical cases were delivered to Coasters during the 2014/15 year, representing **108.1%** of our year-to-date target delivery. We are pleased to continue meeting target.

[2] *Excludes cardiology and dental procedures. Progress is graphed cumulatively.*

Faster Cancer Treatment

Target: Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer

Figure 3: Percentage of West Coasters with a high suspicion of cancer receiving their first treatment or other management within 62 days[3]



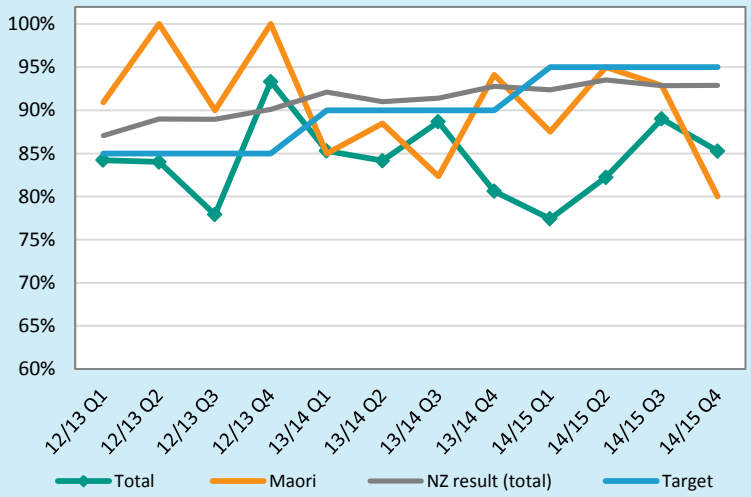
In the third quarter of the new health target, **50%** of patients received their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are a challenge, missing target by eight patients. Work is ongoing to improve the capture and quality of the Faster Cancer Treatment data which will affect performance over the next few quarters.

West Coast continues to achieve against the former health target, shorter waits for cancer treatment, with 100% of patients ready for radiation or chemotherapy receiving treatment within four weeks.

Increased Immunisation

Target: 95% of eight-month-olds are fully immunised

Figure 4: Percentage of West Coast eight-month-olds who were fully immunised



Although we have not met the target, 85% of all 8-month-olds were fully immunised during Quarter 4 with strong results for Asian (100%) and New Zealand European (95%). Our Maori rate dropped to 80% with four children missed.

Opt-off and declines increased this quarter with a combined total of 16.6%— a 6.6% increase on the previous quarter which is reflected in reduced results.

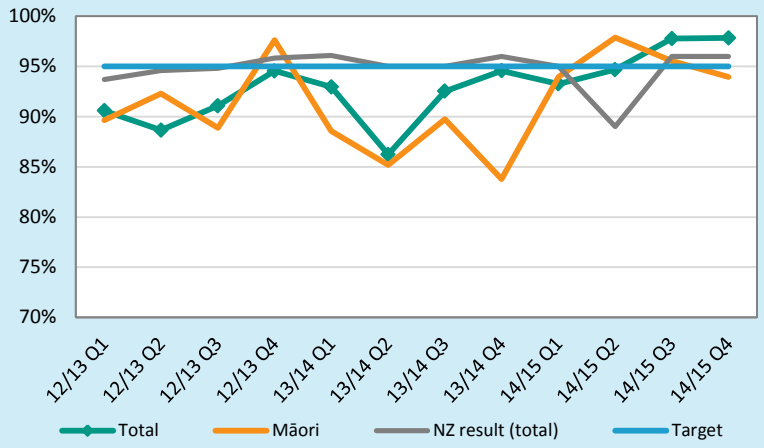
Despite this, 98% of the eligible (consenting) population were immunised with only two children overdue at milestone age.

[3] *This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.*

Better Help for Smokers to Quit: *Secondary*

Target: 95% of smokers attending secondary care receive advice to quit

Figure 5: Percentage of smokers in West Coast DHB hospitals who were offered advice and help to quit smoking



✔

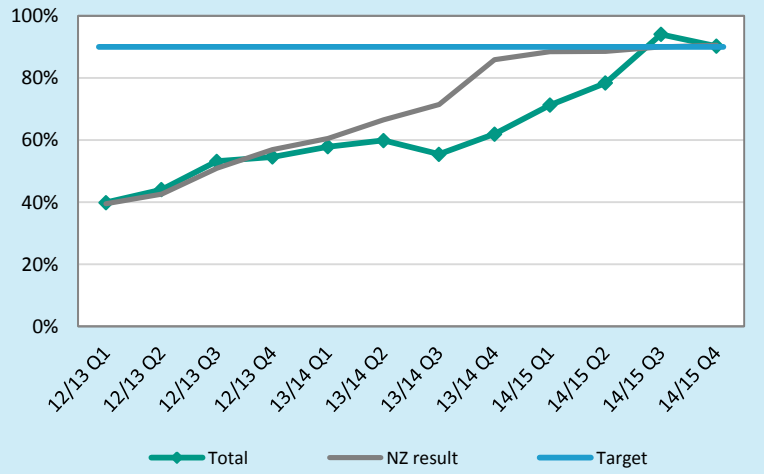
In Quarter 4, West Coast DHB staff provided **97.8%**[4] of hospitalised smokers with smoking cessation advice and support–exceeding the 95% target with our best result yet.

Best practice initiatives previously reported continue, with the effects of small numbers remaining challenging.

Better Help for Smokers to Quit: *Primary*

Target: 90% of smokers attending primary care receive advice to quit

Figure 6: Percentage of smokers expected to attend primary care who were offered advice and help to quit smoking



✔

West Coast general practices have reported giving **4,449** smokers cessation advice in the 12 months ending March 2015, representing **90.2%** of smokers expected to attend general practice during the period.

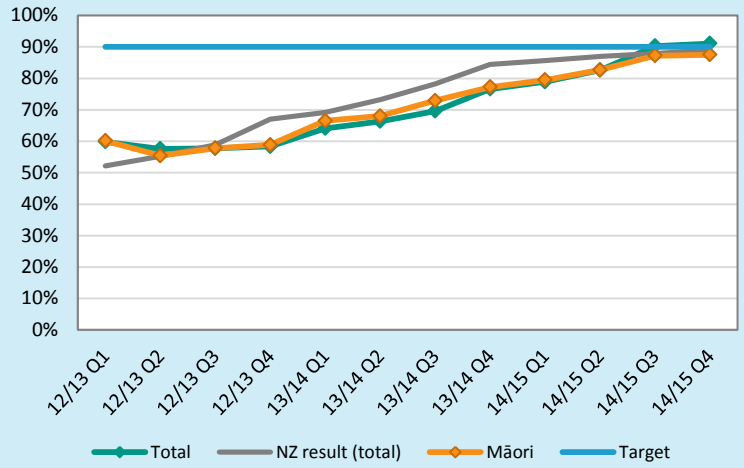
We are very pleased to have met target again, and expect to improve performance in the following quarter.

[4] *Results may vary slightly from those reported here due to coding processes*

More Heart & Diabetes Checks

Target: *90% of the eligible enrolled population have had a CVD risk assessment in the last five years*

Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years



✔

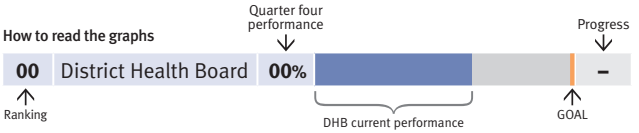
West Coast general practices have continued to increase coverage, with **91.1%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years—a further increase in performance and meeting target for the second time.

A range of approaches to increase performance continue, including identified CVDRA champions within general practices; nurse led CVDRA clinics in practices, evening clinics and protected appointment time allocations for checks. All three Poutini Waiora nurses collaborated with general practices and conducted checks at local events. Text2Remind and Patient Dashboard IT tools are available in all West Coast DHB MedTech Practices.

My District Health Board

2014/15 QUARTER FOUR (APRIL–JUNE) RESULTS

How to read the graphs



West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

MINISTRY OF HEALTH
MANATŪ HAUORA

Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

		Quarter four performance (%)	Change from previous quarter
1	West Coast	100	–
2	South Canterbury	97	–
3	Counties Manukau	97	–
4	Waitemata	96	▲
5	Whanganui	96	–
6	Canterbury	96	–
7	Nelson Marlborough	96	–
8	Wairarapa	96	–
9	Taranaki	96	–
10	Tairawhiti	96	–
11	MidCentral	96	–
12	Auckland	95	–
13	Hawke's Bay	95	–
14	Capital & Coast	95	▲
15	Bay of Plenty	94	–
16	Waikato	94	–
17	Southern	94	–
18	Northland	93	▲
19	Hutt Valley	93	▼
20	Lakes	90	▼
	All DHBs	95	–

95%

Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 156,490 discharges for the year to date, and have delivered 10,614 more. From quarter one 2015/16 the new revised target definition includes elective and arranged in-patient surgical discharges, regardless of whether they are discharged from a surgical or non-surgical specialty (excluding maternity).

		Quarter four performance (%)	Progress against plan (discharges)
1	Northland	127	▲
2	Taranaki	121	▲
3	Waikato	116	▲
4	Bay of Plenty	109	▲
5	Lakes	108	▲
6	Counties Manukau	108	▲
7	West Coast	108	▲
8	Tairawhiti	108	▲
9	Whanganui	108	▲
10	Hutt Valley	108	▲
11	Wairarapa	107	▲
12	MidCentral	107	▲
13	South Canterbury	105	▲
14	Nelson Marlborough	104	▲
15	Waitemata	104	▲
16	Southern	103	▲
17	Hawke's Bay	102	▲
18	Canterbury	101	▲
19	Capital & Coast	101	▲
20	Auckland	100	▲
	All DHBs	107	▲

100%

Faster cancer treatment

The target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90 percent by June 2017. Results cover those patients who received their first cancer treatment between January and June 2015.

		Quarter four performance (%)	Change from previous quarter
1	Capital & Coast	81	–
2	Waitemata	77	▲
3	MidCentral	76	▲
4	Bay of Plenty	74	▲
5	Canterbury	73	▲
6	Wairarapa	70	▲
7	Whanganui	69	▲
8	Nelson Marlborough	68	▼
9	Hawke's Bay	67	▲
10	Southern	66	▼
11	Northland	66	▲
12	Taranaki	65	▼
13	Counties Manukau	63	▲
14	South Canterbury	63	▼
15	Tairawhiti	61	▼
16	Auckland	60	–
17	Hutt Valley	56	▼
18	Waikato	56	▼
19	Lakes	52	▲
20	West Coast	50	▼
	All DHBs	68	–

85%

Increased Immunisation

The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight-months between April and June 2015 and who were fully immunised at that stage.

		Quarter four performance (%)	Change from previous quarter
1	Hawke's Bay	96	–
2	Capital & Coast	95	–
3	Counties Manukau	95	▲
4	Hutt Valley	95	–
5	Canterbury	94	–
6	MidCentral	94	–
7	Auckland	94	–
8	Southern	94	▼
9	Waitemata	93	▲
10	Wairarapa	93	▼
11	Lakes	92	▼
12	South Canterbury	92	▼
13	Tairawhiti	91	–
14	Taranaki	91	–
15	Waikato	91	–
16	Nelson Marlborough	90	–
17	Bay of Plenty	89	–
18	Whanganui	88	▲
19	Northland	86	–
20	West Coast	85	▼
	All DHBs	93	–

95%

Better help for smokers to quit

The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking. From quarter one 2015/16, a new target definition shifts the focus to the entire enrolled population of smokers and not only those who visit a general practice. PHOs and practices will now have 15 months to offer brief advice and cessation support. Also from quarter one the hospital health target will only be reported on the website www.health.govt.nz/health

*Nelson Marlborough DHB's result is 103 percent as, in addition to offering advice in primary care settings, they contacted patients who had not recently attended their general practice to offer them brief advice and support to quit smoking.

Change from previous quarter	Hospitals
–	98
▲	94
–	96
–	95
▲	97
–	98
▲	96
▲	98
–	99
▼	94
–	98
▼	92
–	96
–	94
–	92
–	95
–	98
–	96
▼	96
–	95
–	96

95%

		Quarter four performance (%)	Primary care	Change from previous quarter
1	Nelson Marlborough*	103		▲
2	Bay of Plenty	98		▲
3	Auckland	97		–
4	Counties Manukau	96		▲
5	Tairawhiti	96		▲
6	Waitemata	94		▼
7	Whanganui	94		▲
8	Lakes	92		▲
9	South Canterbury	92		▼
10	Waikato	90		▲
11	West Coast	90		▼
12	Wairarapa	89		▼
13	Canterbury	89		▲
14	Taranaki	88		▲
15	Capital & Coast	88		▲
16	Hutt Valley	86		▲
17	Hawke's Bay	85		▼
18	Northland	85		▼
19	MidCentral	82		–
20	Southern	74		▲
	All DHBs	90		▲

90%

More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years.

		Quarter four performance (%)	Change from previous quarter
1	Auckland	92	–
2	Counties Manukau	92	▲
3	Taranaki	91	–
4	Northland	91	–
5	West Coast	91	–
6	Whanganui	91	–
7	Waitemata	90	–
8	Hawke's Bay	90	–
9	Waikato	90	▲
10	Wairarapa	90	–
11	Tairawhiti	90	▲
12	Hutt Valley	89	▲
13	Capital & Coast	89	▲
14	Nelson Marlborough	89	–
15	Bay of Plenty	89	–
16	South Canterbury	88	▲
17	Lakes	87	–
18	MidCentral	87	▲
19	Southern	83	–
20	Canterbury	82	▲
	All DHBs	89	▲

90%

This information should be read in conjunction with the details on the website www.health.govt.nz/healthtargets

Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

New Zealand Government

AGENDA – PUBLIC

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 7 August 2015 commencing at 10.15am

KARAKIA			***10.15am***
ADMINISTRATION			***10.15am***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *26 June 2015*		
3.	**Carried Forward/Action List Items**		
REPORTS			***10.20am***
4.	**Chair's Update** **(Verbal Update)**	Peter Ballantyne *Chairman*	*10.20am – 10.30am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*10.30am – 10.45am*
	• Health & Safety Update	Michael Frampton *Programme Director*	*10.45am – 10.50am*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing & Midwifery*	*10.50am – 11.00am*
7.	**Finance Report**	Justine White *General Manager, Finance*	*11.00am – 11.10pm*
8.	**Maternity Review Update**	Mark Newsome *General Manager, Grey/Westland*	*11.10am – 11.20am*
9.	**Report from Committee Meetings**		
	- CPH&DSAC *23 July 2015*	Elinor Stratford *Chair, CPH&DSA Committee*	*11.20am - 11.30am*
	- Hospital Advisory Committee *23 July 2015*	Kevin Brown *Deputy Chair, Hospital Advisory Committee*	*11.30am – 11.40am*
10.	**Resolution to Exclude the Public**	*Board Secretariat*	*11.40am*

INFORMATION ITEMS

- 2015 Meeting Schedule
- Vulnerable Children's Act Information

ESTIMATED FINISH TIME ***11.40am***

NEXT MEETING

Friday 25 September 2015

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 23 JULY 2015

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Chair, Community & Public Health & Disability Support Advisory Committee**

DATE: **7 August 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 4 June 2015.

For the Board's information the functions of CPH&DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000:

"*With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:*
- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:
- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided.*"

The aim of the Committee's advice must be:
- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximise the overall health gain for the resident population of the West Coast District Health Board, and*
- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board."*

The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board."

2. RECOMMENDATION

That the Board:

i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update –23 July 2015.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) DISABILITY ACTION PLAN UPDATE

An update on the Disability Action Plan was presented to the Committee by Kathy O'Neill, Service Development Manager Planning & Funding.

The consultation process commenced in May 2015 with 3 disability focused forums in Westport, Hokitika and Greymouth, where the draft West Coast DHB Strategic Disability Action Plan was introduced and feedback was sought on the Priorities for Action that would be the focus for the next 2 years. The forums were jointly organised and delivered with the New Zealand Federation of Disability Information Centres who are assessing the need to restart a Disability Resource Service on the West Coast. Since the forums the West Coast DHB Strategic Disability Action Plan has been circulated electronically and targeted meetings have occurred with key networks and organisations. The most robust feedback has occurred via the face to face meetings and these will continue over the coming weeks with the re-circulation of the amended plan with the proposed priorities for action which has been gathered as a result of this process.

The Action Plan is primarily adult focused and it is recommended that the United Nations Convention on the Rights of the Child (UNCROC) be included as a core document that has informed the development of the plan and is used to inform the priorities for action.

The West Coast DHB Strategic Disability Action Plan is being developed in a parallel process with the Canterbury DHB Strategic Disability Action Plan. Feedback received in Canterbury has a strong theme for priority actions to be targeted at improving the Canterbury DHB's processes as an employer of people with disabilities. This has been less strongly voiced to date on the West Coast. However, an opportunity exists to explore the applicability of the Canterbury DHB priority actions to the West Coast DHB.

The following actions (which are the draft Canterbury DHB actions) were supported by the Committee for consideration for the West Coast DHB.

Canterbury DHB as an employer

People and Capability has targeted work in the following areas:

- Review current recruitment process and action any opportunities to remove barriers and taking affirmative action, to ensure people with disabilities have equity in employment within the Canterbury DHB.
- As part of a staff wellbeing survey seek feedback from existing employees who identify as having a disability on their experience of working for the Canterbury DHB and explore any opportunities to improve.

Other Opportunities

- Establishing a Disability Action Group that has membership of key people that can contribute to progressing the identified actions. This needs to be carefully considered in terms of its terms of reference and key relationship with the West Coast DHB Consumer Council.
- Identify and collate existing data collected within the Canterbury health system and work with the Office of Disability Issues who are collaborating with New Zealand Statistics to develop a more comprehensive profile of the disability population.
  For the West Coast this process needs to include separating the West Coast population data from Nelson Marlborough as the disability survey undertaken as part of the 2013 Census combines the population data from both districts.
- Develop an outcomes framework that progress can be measured against.

The development of a West Coast DHB Disability Strategy is nearing conclusion with the consultation phase due to end in August 2015 and the final draft circulated back to the Committee for approval prior to it going to EMT and coming to the Board meeting in October 2015.

b) COMMUNITY & PUBLIC HEALTH UPDATE.

This report was provided to the Committee with updates as follows:

Kaumātua Wellbeing Hui – Arahura Marae

Community & Public Health coordinated a kaumātua wellbeing hui at Arahura Marae last month which was attended by 30 kaumātua from Te Rūnanga O Ngāti Waewae and Te Rūnanga O Makaawhio. One of the main objectives of the day was to empower the kaumātua as health promoters in their whānau and community. The hui was supported by other services including Poutini Waiora, the WCDHB, Westland Medical Centre and the West Coast PHO. The day included information and discussion of the importance of immunisation, including influenza vaccination, vaccination in pregnancy and childhood vaccinations. The supporting role kaumātua can play for whānau regarding vaccination was emphasised. Twelve kaumātua who had not had their influenza vaccination received it at the hui. Health resources were also provided, and areas of interest for future hui were identified.

Te Pūtahitanga: SEED Whanau Ora Westport Project

Community & Public Health staff have attended and provided input into all the Te Pūtahitanga Whānau Ora project hui. The Draft Road Map will be presented to the community shortly and CPH will identify how it can support its implementation.

Hokitika Flood Event

Community & Public Health assisted the Westland District Council to respond to the recent flooding in Hokitika. Working with the Emergency Management Group at Council, CPH health protection staff provided public health messages and supported Council's environmental health officer and building inspectors to carry out checks on affected buildings. Forty-five people were evacuated from a rest home and another 35 residents were displaced and sheltered in hotels or other homes. While flood waters were contaminated with sewage, drinking water infrastructure was not damaged and a boil water notice was not needed. A fax was sent to primary care providers to remind them to be alert to the possibility of illnesses related to contact with floodwater.

Community Nutrition

Our nutrition health promoter has recently completed Appetite for Life (AFL) training, and AFL is back up and running in the community with the first course currently being delivered in Greymouth. CPH is also supporting a Franz Josef 100 day physical activity and healthy eating challenge through the provision of resources. CPH will be running an AFL course beginning in July and will provide taster Tai Chi sessions to participants in the challenge.

Following an increase in demand for nutrition support in early childhood education, CPH has worked alongside WestREAP and the Heart Foundation to deliver a third 'Eating Right from the Start' workshop in Hokitika. The workshop which was for both whānau and early childhood teachers, focused on early childhood nutrition, healthy lunch-box options and oral health.

As part of the Health Promoting Schools programme, CPH is working with the Heart Foundation and Greymouth High School in developing an action plan to support healthy changes to the school canteen. This plan includes the implementation of a nutrition policy to support these changes and ensure school community buy-in.

Realignment of Tobacco Control Services

The Ministry of Health have announced that from 30 June 2016 it will be terminating existing contracts for face-to-face stop smoking services and all national health promotion and advocacy services for tobacco control, purchased by the Ministry of Health. For CPH this will affect the Aukati Kai Paipa service. Instead the Ministry is looking to realign and retender these services as an opportunity to take a fresh look at the services currently delivered in terms of their contribution to the achievement of Smokefree Aotearoa 2025. Organisations on the West Coast

involved in Smokefree have started conversations around what model would work best for our community and a coordinated, collaborative process and response will take place over the coming months in regards to the tender process.

Alcohol Licensing
An Alcohol Regulatory and Licensing Authority (ARLA) was held in Greymouth on 3 June and three West Coast licensed premises have had suspensions of their licenses as a result.

The reserved decisions from ARLA issued later in June resulted in a two week suspension of trade for Revington's Hotel. In addition, their license has only been renewed for one year, their licensed hours have been limited to a 1am closing and there are several reporting requirements imposed on the licensee to ensure that they have good procedures and policies in place to prevent incidents of the type which resulted in their suspension (including grossly intoxicated patrons on premises, assaults and disorder). The Beachfront Hotel in Hokitika also had their on license suspended for five days for failing a controlled purchase operation run by Hokitika Police and CPH. There was also a negotiated voluntary suspension of 24 hours agreed with the Greymouth Railway Hotel. This was the result of intoxication found on the premise by police in July last year.

Community & Public Health staff continue to work closely with Police and council alcohol licensing inspectors to ensure that all West Coast licensed premises comply with the Sale and Supply of Alcohol Act 2012.

Westland District Council Class Four Gambling Policy
There has been a positive outcome from the Westland District Council hearing regarding their Class Four Gambling Policy. CPH had an influence on the final policy through the coordination of the social impact assessment (SIA) and attendance at the submissions hearing. The final policy is in line with the recommendations from the SIA and is to be adopted at the Council meeting to be held towards the end of July.

Discussion took place regarding the West Coast DHB Breastfeeding Plan and the Committee will be provided with a copy of this plan when it becomes available.

The report was noted.

c) PLANNING & FUNDING UPDATE

This report provided the Committee with an update on progress made on the Minister of Health's health and disability priorities and the West Coast DHBs Annual Plan key priority areas as follows:

Key Achievements

- The West Coast continues to perform well above the 95% 6-hour ED health target for the 11 months to 31 May; with 99.5% of patients admitted, discharged or transferred within 6 hours, and 95.1% within just 4 hours.
- West Coast DHB was 112 discharges ahead of our electives health target for the YTD target at the end of May 2015.
- During Quarter 3, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support – our best result to date and meeting the **secondary** care better help for smokers to quit health target.
- West Coast DHB is pleased to have met both primary care targets for the first time. During Quarter 3, performance against the primary care better help for smokers to quit health target improved 15.7% with a result of 94%. Performance against the more heart and diabetes checks health target increased 7.6%, with a result of 90.3%.

- Following a challenging year, the B4 School Check service is pleased to have completed screening for 391 4-year olds—representing 92% of the eligible population and exceeding target for the year.

Key Issues & Associated Remedies

- The Hokitika flood in June caused the full evacuation of Allen Bryant Lifecare aged residential service. A total of 45 rest home and hospital residents were safely relocated within other services on the Coast. While the ARC sector is under pressure, prioritisation principles have been established and contracting processes enhanced.

Upcoming Points of Interest

- **Primary Mental Health Services**
  The PHO primary mental health team is now fully staffed despite recruitment challenges. This will support better integration with SMHS and NGOs so that clients receive the level of intervention required regardless of where they present. NGOs are working together to ensure services are provided in an integrated way.

The report was noted.

d) ALLIANCE UPDATE

This report provided an update of progress made around the West Coast Alliance as follows:

Alliance Leadership Team

- The ALT notes the success of the Mum4Mum network and that the new survey report suggests that peer support is an effective model that should continue to be supported.
- The ALT received a report highlighting the findings of the Secret Shopper project and notes the good feedback from consumers.
- The ALT continues to support the need to appoint to the distributed CMO roles and notes the roles are important to progress the Alliance workplans.
- The ALT recommends that change leadership for the move to the new IFHC be prioritised.

Mental Health Workstream

- NGOs are working together to develop a collaborative model for delivery of support services, including vocational, Community Support Work, housing, peer and respite. Achieving this is dependent on offering the NGOs some degree of certainty regarding their future role so they can be confident about investing in co-location etc. Clarifying roles between clinical and support services is recommended so that mechanisms for strengthening the interface can develop.

Health of Older Persons

- The Allan Bryant evacuation of 45 people is having significant impact on Aged Residential Care bed capacity across the West Coast. This is being managed by the Complex Clinical Care Network and has delayed the implementation of some planned activities by a few weeks.
- The Falls Champion/Supported Discharges role has been offered but not yet accepted.

Grey/Westland & Buller Family Health Services (IFHS)

- Significant work is now underway in the Grey Westland area. This includes developing: a business model for Greymouth practices once they move into the IFHC; a model for unplanned and afterhours care; and developing a huddle. South Westland are developing a new structure to provide more flexible coverage across the area, as well as using HML to improve access for patients to make appointments and contact the right people at the right time.

- Buller Medical's move to a two team approach is progressing well and a staged implementation has commenced.
- Work on the RMO workforce proposal which will increase sustainability for the GP workforce is also nearing completion.
- The Health of Older Persons Engagement process has concluded and the future direction of services has been articulated and provided to staff for feedback. This includes strengthening of service coordination.
- A staff consultation paper is also being developed for locality based mental health services. This incorporates the shift in resource required to implement a stepped care approach.
- A Buller IFHS-wide team of quality champions has been established.

Healthy West Coast

- HWC have been engaging in the Ministry of Health Realignment of Tobacco Services discussions with members attending the provider consultation workshop on June 16th.
- Performance against the primary care health targets is tracking well for year-end, as is the secondary smokefree health target.
- The first pregnant woman enrolled in the incentivised smokefree pregnancy programme has successfully remained smokefree two weeks post-delivery with two more women due to reach this milestone in July.

Child and Youth

- Work is underway to develop the proposed collaborative model of care for Well Child Tamariki Ora Services on the Coast following a period of change for two of the three providers. The first phase of this involves developing a central database for all service referrals to monitor coverage and level of service delivery.
- The workstream has engaged a consumer representative to bring patient and whanau perspectives to planning and development of future services.
- Youth Friendliness Training has been delivered with positive initial feedback. Formal feedback will be collected by The Collaborative Trust 4-6 weeks post training. The attendees at the Westport session have begun locally networking to discuss youth service improvements.

- **Pharmacy**
- Hospital and community pharmacies are continuing to participate in the detailed design user group process in parallel to a separate design lab process. The detailed design will be used as the starting point in the design lab to test functionality and work flow efficiency. The design lab was built on Grey Valley Couriers premises in Greymouth, with hospital and community pharmacy staff attending the lab between 1-4 July 2015.
- Further analysis work is needed for the sterile unit in the hospital pharmacy. Provision in the floor plan has been made, but the details and options for this require further investigation. The hospital pharmacy manager will lead this work and is to provide a business case outlining options for decision.

The report was noted.

e) GENERAL BUSINESS

Cheryl Brunton provided an update to the committee on the work being carried out around the Smoking Prevalence Plan. More information will be provided to the committee at the next meeting, along with the Tobacco Control Plan

Report prepared by: Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee

AGENDA

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 23 July 2015 commencing at 9.00am

ADMINISTRATION — 9.00am

Karakia

Apologies

1. **Interest Register**
   Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.

2. **Confirmation of the Minutes of the Previous Meeting & Matters Arising**
   4 June 2015

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS — 9.10am

4.	**Disability Action Plan Update**	Kathy O'Neill *Service Development Manager, Planning & Funding*	*9.10am - 9.25am*
5.	**Community and Public Health Update**	Claire Robertson *Team Leader, Community and Public Health*	*9.25am – 9.35am*
6.	**Planning & Funding Update**	Phil Wheble *Team Leader, Planning & Funding*	*9.35am - 9.45am*
7.	**Alliance Update**	Phil Wheble *Team Leader, Planning & Funding*	*9.45am - 9.55am*
8.	**General Business**	Elinor Stratford *Chair*	*9.55am – 10.15am*

ESTIMATED FINISH TIME — 10.15am

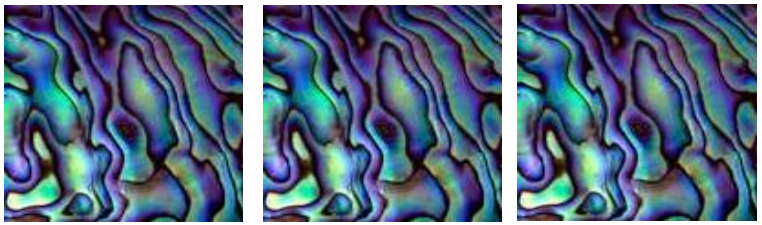
INFORMATION ITEMS

- **Board Agenda – 26 June 2015**
- **Chair's Report to last Board meeting**
- **Committee Work Plan 2015**
- **West Coast DHB 2015 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: Thursday 10 September 2015

West Coast's Priority Plan for Breastfeeding
2014 – 2016



Background

Canterbury and West Coast Maternity Clinical Governance Committee

In 2013 it was decided that as part of the Trans-Alpine partnership, West Coast and Canterbury DHBs would establish a combined Maternity Clinical Governance Committee (MCGC) to support the respective Board's Quality and Safety Plans through assessing, reviewing and identifying improvements to quality and maternity care as well as facilitating discussion and collaboration between service providers.

Canterbury's 'Improving the Maternity Journey for Pregnant Women'[1] project identified breastfeeding as one of nine opportunities for improvement. Each of the opportunities now sits within a project group under the MCGC structure. In April 2014 MCGC endorsed a Breastfeeding Priority Plan to support improving breastfeeding rates in Canterbury.

After reviewing this document. The West Coast Breastfeeding Interest Group decided that there would be value in creating a similar plan. While there are similar goals and outcomes in each DHB's plan, activities for West Coast have been identified to ensure that our unique needs are met. We have also taken into account the impact of having our most complex cases being managed in Canterbury which identifies the need for good quality support for babies and mothers returning home.

World Health Organisation (WHO) recommends that infants be exclusively breastfed until aged six months and receive safe complimentary foods while breastfeeding continues for up to two years of age or beyond[2].

Plunket data [3]shows that on the West Coast from 2012 to 2013 17% of babies are exclusively and 9% of babies are fully breastfed at six months. This is a little below the national average. This means that 74% of our infants are below WHO recommendations.

[1] Improving the Maternity Journey for Women in Canterbury 2012
[2] World Health Organisation Child Growth Standards 2006

[3] Royal NZ Plunket Society (Inc) PCIS Statistics 01.07.13 – 31.12.13 (Note: We do not have good quality data from other Well Child /Tamariki Ora providers) More data can be found in Appendix 5.

West Coast DHB's Annual Plan and Statement of Intent 2013-2014

Improving Health Outcomes for our Population[4].

Outcome Goal: People are healthier and take responsibility for their own health.

Impact Measure: More babies are breastfed.

- Breastfeeding lays the foundation for a healthy life, contributing positively to infant wellbeing and potentially reducing the likelihood of obesity later in life. Breastfeeding also contributes to the wider wellbeing of mothers.
- Although breastfeeding is natural, it sometimes doesn't come naturally, so it's important that mothers have access to appropriate support and advice.
- An increase in breastfeeding rates is seen as a proxy measure of successful health promotion and engagement, access to support services and a change in social and environmental factors that influence behaviour and support healthier lifestyles.

The percentage of babies fully/exclusively breastfed at 6 weeks	Actual 2011	Target 2013	Target 2014	Target 2015
	69%	74%	≥74%	≥74%

Delivering Better Public Services: The Child Action Plan [5]

Objective: Implement a collaborative and integrated approach to the delivery of maternity services.

Activity:

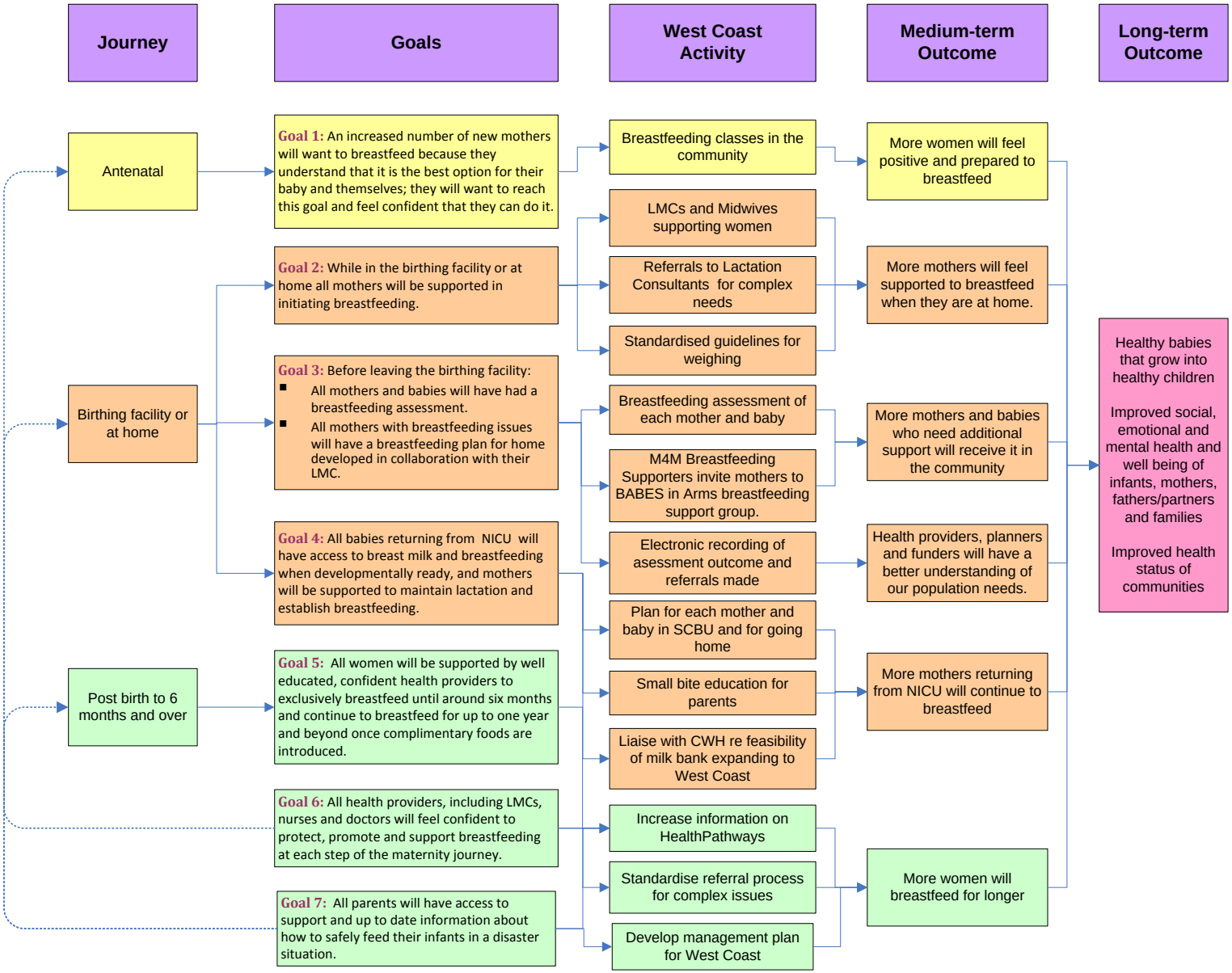
- Support the Breastfeeding Interest group to strengthen stakeholder alliances, identify opportunities to better engage women in breastfeeding and improve integration between providers.
- Provide access to free lactation consultants and specialist advice for mothers, with particular focus on high-needs and high-risk women.
- Continue to invest in supplementary services to support mothers to breastfeed, including peer support programmes that are accessible and appropriate for high-risk and high-needs women.
- Support the establishment and maintenance of breastfeeding-friendly environments on the West Coast.

Evidence:

- ≥ 100 referrals to community-based lactation support
- ≥ 17 Mum 4 Mum Peer support counsellors trained
- ≥ 85% mothers breastfeed on hospital discharge
- 74% of infants are fully or exclusively breastfed at 6 weeks

[4] Outcome Goal 1 Impact Measures (medium term 3-5 years) Page 15

[5] Maternal and Child Health Services: Our Performance Story 2013/14 (Page 41)


Journey
Goals
West Coast Activity
Medium-term Outcome
Long-term Outcome
Antenatal
Birthing facility or at home
Post birth to 6 months and over
Goal 1: An increased number of new mothers will want to breastfeed because they understand that it is the best option for their baby and themselves; they will want to reach this goal and feel confident that they can do it.
Goal 2: While in the birthing facility or at home all mothers will be supported in initiating breastfeeding.
Goal 3: Before leaving the birthing facility:
All mothers and babies will have had a breastfeeding assessment.
All mothers with breastfeeding issues will have a breastfeeding plan for home developed in collaboration with their LMC.
Goal 4: All babies returning from NICU will have access to breast milk and breastfeeding when developmentally ready, and mothers will be supported to maintain lactation and establish breastfeeding.
Goal 5: All women will be supported by well educated, confident health providers to exclusively breastfeed until around six months and continue to breastfeed for up to one year and beyond once complimentary foods are introduced.
Goal 6: All health providers, including LMCs, nurses and doctors will feel confident to protect, promote and support breastfeeding at each step of the maternity journey.
Goal 7: All parents will have access to support and up to date information about how to safely feed their infants in a disaster situation.
Breastfeeding classes in the community
LMCs and Midwives supporting women
Referrals to Lactation Consultants for complex needs
Standardised guidelines for weighing
Breastfeeding assessment of each mother and baby
M4M Breastfeeding Supporters invite mothers to BABES in Arms breastfeeding support group.
Electronic recording of asessment outcome and referrals made
Plan for each mother and baby in SCBU and for going home
Small bite education for parents
Liaise with CWH re feasibility of milk bank expanding to West Coast
Increase information on HealthPathways
Standardise referral process for complex issues
Develop management plan for West Coast
More women will feel positive and prepared to breastfeed
More mothers will feel supported to breastfeed when they are at home.
More mothers and babies who need additional support will receive it in the community
Health providers, planners and funders will have a better understanding of our population needs.
More mothers returning from NICU will continue to breastfeed
More women will breastfeed for longer
Healthy babies that grow into healthy children
Improved social, emotional and mental health and well being of infants, mothers, fathers/partners and families
Improved health status of communities

Antenatal

Goal 1

An increased number of new mothers will want to breastfeed because they understand that it is the best option for their baby and themselves; they will want to reach this goal and feel confident that they can do it.

Linda's story

I came from a big family and breastfeeding was the norm, so I knew that I would breastfeed my own children when I had them.

My husband and I attended the breastfeeding session at the local Pregnancy and Parenting Education class. I learnt so much and the information really changed my husband's attitude to breastfeeding. Previously he thought that if I could breastfeed our baby that would be great, but if I couldn't then it would be no big deal, but he came away thinking that he would do everything he could to support me.

Our daughter never slept a whole night for the first nine months. We had no family living near so my husband's support was crucial. I was exhausted and stressed. If he had said 'just give her a bottle' I could have caved in, but because he had learnt so much about the value of breastfeeding he kept supporting and encouraging me to keep going.

I now have three daughters that I have I breastfed for over 18 months.

Having my husband on board with the plan before our first baby was born is one of the keys to success for managing the challenging times that all new mothers go through.

Current situation

Women have access to multiple sources of information about breastfeeding in the antenatal period. By the time they meet their midwife many have decided how they intend to feed their baby; the majority intend to breastfeed, but often that is as far as they have got.

Most LMCs, as the main educator during the antenatal period, discuss the advantages and benefits of breastfeeding as well as the risks and disadvantages of not breastfeeding for both mother and baby with each woman in their care.

The Pregnancy and Parenting Education classes set two hours aside for breastfeeding as well as introducing the Mum 4Mum team so women know about them and how to access their support once baby is born.

The majority of learning about breastfeeding seems to be after the baby is born.

1.1 Hold breastfeeding education activities that:

- **Are in appropriate and accessible venues in the community**
- **Are held at a range of times (e.g. on week days, weekends, mornings and evenings).**
- **Are culturally sensitive to the needs of mothers; especially for Māori, Pacific, Asian, migrant and young parents to be.**
- **Encourage not only first time mothers, but also other mothers that may not have succeeded with breastfeeding the first time.**
- **Involve partners and support people.**

1.2 Link breastfeeding classes and Mum4Mum peer support to Pregnancy and Parent Education (PPE) classes to ensure a smooth, stress free, flow of education and information for mothers.

Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
1.1.1 Deliver education programmes in the community: • Start with Greymouth and Westport, and then • Investigate other areas where there is a need.	New classes will have been established and women are attending.	Increased % of Women • Māori • Pacific • Asian breastfeeding at key MOH reporting times Data source: MOH Number of women attending the breastfeeding courses. Data Source: Provider data	S: F:	[6]
1.1.2 Deliver education programmes that: • Have a standardised content, covering the 10 Steps to Successful Breastfeeding[7], and the Seven Steps to Breastfeeding in the Community[8] but are flexible enough to meet the needs of different groups. • Are delivered by a Midwife, a Lactation Consultant or Breastfeeding Advocate. • Use a variety of alternative educational formats e.g. podcasts & DVDs. • Distribute the current West Coast Breastfeeding Handbook at 28-32 weeks to support antenatal as well as post natal education • Use Talking Cards as a means of standardising education. • Develop environments that promote communities, role models and relationships. • Has additional detail for ethnic specific groups and NICU parents.				

[6] Once the plan has been endorsed by WC Maternity and Quality Safety group, Health West Coast Workstream and the C&WCDHB Clinical Governance Committee, the BIG will allocate a leader from within their group and key people from DHB and NGOs required to support implementation. BIG will also set timeframes for all activities

[7] See Appendix 2 (Keep in mind that a maternity services facility is not just the birthing facility, but every facility where maternity services are provided)

[8] See Appendix 2

1.1.3 Introduce breastfeeding education[9] early into PPE classes to: • Promote breastfeeding early in pregnancy and continue to support this throughout the course. • Hear a successful breastfeeding mother's story and introduce Mum4Mum peer support counsellors and groups.		Baseline data: CWH BF programme 2012/13		

[9] See Appendix 2 for NZBA Antenatal education sheet on breastfeeding plus additional education points to consider

Birthing Facility

Goal 2

While in the maternity facility, all mothers will be supported with initiating breastfeeding.

Tiffany's story

I was twenty when I had our daughter by caesarean section. The midwife helped me to breastfeed the first time while I was in the recovery room, but once we returned to the ward, the main focus was on my blood pressure and other recordings. I wasn't at all confident with breastfeeding and before long I had cracked nipples. My partner went and got a midwife to help. She watched and adjusted my baby's head, but I felt as though I didn't really have the hang of it.

On the third day all I wanted to do was go home. I was shown a DVD about breastfeeding before I went and the midwife watched me breastfeed again.

The first week at home, every time I went to feed I was crying. I got to the point where I didn't want her to wake up as I knew I would have to feed.

My partner contacted the Lactation Consultant because I had decided that I would have to change to a bottle, and he knew how much I had wanted to breastfeed. The Lactation Consultant was great as she came to my house and had time to spend with me, but I think it was too late. I expressed for a while which took ages, and I eventually gave up.

I really regret not succeeding with breastfeeding. When we have our next baby I am going to make sure I learn as much as I can and know what services and supports are out there before the birth so I am better prepared to get through the first few months until I am confident.

Current situation

All WCDHB's maternity facilities have been designated Baby Friendly Hospitals. The BFHI audit standards are in accordance with the CEF/WHO global criteria. Each facility is audited every three years by the New Zealand Breastfeeding Authority.

The Greymouth Lactation Consultant works on a four day a week roster in McBrearty. A small team enables good communication between shifts.

Neither Greymouth nor Westport record whether or not a woman stays longer because of breastfeeding issues, or returns home with breastfeeding concerns.

There is no protocol for when babies should be weighed at CDHB or WCDHB. Random weighing of babies that are clinically hydrated and settled can cause anxiety for mothers if the weight gain is not what was expected and can often be the first step to losing confidence in their breastfeeding ability.

The freedom of friends and family visiting whenever they want to can be an intrusion for mothers if they are trying to become confident with breastfeeding. They can often feel as though they are entertaining visitors if they stay too long or there is a variety of groups of visitors that don't know each other.

2.1 Develop an educational package for all LMCs and Midwives				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Refer to Activity 6.1.2 and 6.2 Emphasise key points most relevant to initiating breastfeeding. (As per BFHI requirements.				

2.2 Improve process for referring and communicating any concerns or complex breastfeeding issues during stay at the birthing facility.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Improve the process to seek advice from the most appropriate support service. This will include: • Westport: telephone call the PHO Lactation Consultant[10] and she will advise. • Greymouth and other areas: call the PHO Breastfeeding Advocacy Service for advice or redirect to Lactation Consultant.	LMCs and Midwives are more confident about making appropriate referrals. Improved support for complex breastfeeding issues at the primary birthing units.	Number of referrals to Lactation Consultants • Number of women and babies with complex issues • Number leaving facility exclusively breastfed Data source: Baseline data: ??	S: F:	

[10] Raewyn Johnson from Westport is the only West Coast Community Lactation Consultant. She works closely with Erin Turley the Breastfeeding Advocate, to ensure that there is good support for all mothers across the district with complex breastfeeding concerns.

2.3. Develop Canterbury and West Coast wide standard protocol/guidelines for weighing well babies.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Develop a working group to • Review current information • Agree on standards • Write document and flowchart to support decision making. • Distribute for feedback • Communicate final protocol/guideline.	Guidelines written and circulated. Increased agreement between providers regarding appropriateness of decision making	Decrease in referrals to LCs due to mothers concerns about baby's weight when other aspects of feeding are satisfactory.	S: F:	?

2.4 Develop a pathway for babies with tongue ties				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Work with HealthPathways team to investigate current process and develop a formal referral pathway	An agreed pathway will be on HealthPathways Babies that require release are getting identified and referred	Number of babies being treated	S: F:	

2.5 Provide a visitor free time each afternoon.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Seek agreement from Clinical Midwifery Manager to hang notices outside the ward that mothers and babies are resting (for one hour) • Provide additional support and education over this period for babies who require breastfeeding	Women will feel more relaxed and be able to focus on and be supported to breastfeed.	Notice on boards. Rest time occurring. "We care about Your Care' gives positive feedback.	S: F:	

Birthing Facility

Goal 3

Before leaving the birthing facility:

- All mothers and babies will have had a breastfeeding assessment.
- All mothers with breastfeeding issues will have a breastfeeding plan for home developed in collaboration with their LMC.

Miranda's story

While I was in McBrearty Ward I had had some complex breastfeeding issues, so the Lactation Consultant, my LMC and I had agreed on a plan for how to manage things when I went home. It involved breastfeeding, expressing, bottle feeding expressed breast milk and using a nipple shield.

My partner and family were keen for breastfeeding to work, so they gave me lots of support by doing things around the house to give me time to concentrate on my baby. The support I got from M4M was so helpful as she was a young mum just like me and had kept going despite similar challenges. She understood what I was going through. I kept thinking that if she did then I can too.

I could not have kept going if I had left the hospital without the discussion and the plan because it meant my partner and I really understood what I needed to do and why I needed to do it and what was OK and when I needed to seek help. My story is a good example of the value of having a breastfeeding plan made before I went home rather than getting home then everything falling to pieces.

Current situation

Most women have had a breastfeeding assessment before they leave the facility. A checklist is used to ensure each area of the assessment is covered.

Women who have difficulties with breastfeeding can stay longer.

It is interesting to note that women from Gloriavale, who mainly have home births, exclusively breastfeed; other options are not discussed. If a mother cannot breastfeed for some reason, then other mothers donate breastmilk.

The key to establishing and becoming confident with breastfeeding seems to be family and community support for mother and baby.

The West Coast Breastfeeding Handbook is given out at 23 – 36 weeks; but if the woman has lost it, another one is given to them while in the facility.

3.1 Review recording process for breastfeeding assessment				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
3.1.1 Revise the current green sheet used as the breastfeeding assessment for all mothers and babies before they leave the birth facility for home. • Consider how this could be incorporated into the Breastfeeding Handbook to keep all information in one place.	. Education for all LMCs/ midwives is completed. All breastfeeding information for women is in one place.	Number of mothers and babies discharged with assessment completed. Number of referrals Data source:???	S: F:	
3.1.2 Improve the process for transitioning from hospital to community for breastfeeding dyads that have had complex breastfeeding plans instituted in the maternity facility: • Revise referral/notification to PHO Community Lactation Consultant and Breastfeeding Advocate	Lactation Consultant and LMC will discuss the breastfeeding plan to ensure there is a smooth transition from hospital to community.	Increased number of LC/LMC discussions and plans developed. Data source: LC report.		

3.2 Develop a process to record and communicate whether a baby is feeding at the breast when leaving the facility.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Review current documentation and identify areas where it can be improved. Identify the process for recording this information electronically so data can be collected and analysed. Develop a template to guide core midwife and LMC to write an individualised feeding plan for women with complex feeding issues to take home.	Information regarding breastfeeding assessment is being recorded in a systematic way. A template for breastfeeding plans is being used.	Increase in number of babies feeding at the breast on discharge. Increased number of plans for dyads with complex BF issues. Data source: tbc once process established Baseline data:	S: F:	

3.3 Develop a process that links a Mum 4 Mum Peer Support counsellors/service.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
3.3.1 Develop a programme for peer support counsellors to visit each facility and meet women who may struggle with breastfeeding when they go home. This would enable them to introduce the service and the support it can offer rather than LMCs/midwives referring them when problems arise. • Provide the name and phone number of a specific M4M peer support counsellor to reduce barriers to access.	Peer Support Counsellors will be visiting all birthing facilities	Increased number of M4M visits and contacts in facilities. Mothers trained for NICU visits Data source: PHO Baseline data: New service.	S F	
3.3.2 Widen the programme to incorporate Parfitt Ward for babies and parents returning from NICU by having regular attendance of Mum 4 Mum Breastfeeding Supporters who have experienced having a baby in NICU, so can promote and support breastfeeding. This can extend to home contacts (Additional training will be provided for this M4M group)				

Paediatric Unit

Goal 4

All babies returning to Parfitt Ward, (the paediatric unit) Grey Hospital from a NICU will have access to breast milk and support to continue establishing breastfeeding when developmentally ready, and mothers will be supported to maintain lactation and establish breastfeeding as they transition to home.

Simmy's story

All was going well with my pregnancy until 28 weeks. By the end of that week my very premature son was in an incubator in Christchurch Women's Hospital's NICU and I felt frightened and far from my family.

The next three months were a blur of tubes and monitors as well as a large number of staff focused on caring for my baby. The NICU Lactation Consultant was there to support me every step of the way. I expressed milk three hourly and this was fed to him via a tube.

When the team first talked about me returning to Parfitt Ward it felt like a whole new terror. How could they expose my little bundle of joy to the contamination of the outside world? How would he be fed, clothed and kept at the right temperature without all the technical equipment that had been supporting him from the day he was born?

Establishing feeding at the breast held a whole new group of challenges, but I am pleased to say that when we left for Greymouth I hadn't given up. We were both learning how to make it work. Some of the nurses in Parfitt Ward had worked in NICU so they understood how I was feeling and the breastfeeding challenges I was having. It was a good step between NICU and home.

At home I was lucky to have support from the Community Lactation Consultant. One of the real bonuses was that she had time to listen to my story and concerns. Together we made a plan for managing the days ahead. I am pleased to say that I am still breastfeeding at 16 months.

Current situation

Mothers and babies returning from CDHB's NICU to Parfitt Ward have required a higher level of support recently due some skipping the intermediate level of care before returning. This is because NICU has had a higher level of occupancy over the past six months.

Mothers can often arrive feeling completely disempowered if they have experienced a highly technical environment in NICU.

In Parfitt Ward, mothers and babies are cared for by registered nurses with the LMC continuing to take the lead for maternity care if the baby is under six weeks.

By the time they return, most mothers have made the decision regarding whether they are going to breastfeed. There are breast pumps available if required. Donor milk is not encouraged.

Our nurses and doctors have the opportunity to attend LMC training to promote breastfeeding and become familiar with the care required for mothers and babies with a wide range of birthing histories which impacts on the breastfeeding support they require while in the ward and then as they prepare them for returning home.

We contact the McBrearty Ward Lactation Consultant for complex issues that are outside the level of our confidence to manage.

When babies are discharged mothers can feel isolated and struggle with confidence. Linking the Neonatal Community Outreach Nurses, (one in Westport and one in Greymouth/Hokitika, or the Rural Nurse Specialist in Whataroa) in before discharge plays a pivotal part in supporting breastfeeding at this stage of the journey.

4.1 Develop an education programme for nurses and doctors to understand the importance of breast milk and breastfeeding in optimising outcomes for babies who have returned from NICU. (10-15% of all babies) This will require: • **Providing additional education that covers what these babies and mothers need to support them to initiate lactation and establish breastfeeding.**				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
4.1.1 Develop a service for nurses and doctors caring for babies in Parfitt Ward to ensure they feel supported to protect and support breastfeeding for both mother and baby. This may be via • Videolinking with CDHB NICU for education sessions • Attending LMC breastfeeding education sessions	All providers will have watched Back to Basics video.	% of nurses and doctors who have viewed video/attended LMC education sessions.		
4.1.2 Develop an educational module for Peer Support Counsellors who have experienced NICU and gone on to breastfeed well so they can support women with babies in Parfitt Ward and when they return home.	The first course delivered and feedback positive. (We can plagiarise CDHB programme for this)	Number of women completed the module. Number of PSC visits to Parfitt Ward. Data source:		
4.1.3 Develop information sheet related to informal breastmilk sharing[11]. It needs to cover: • Infection control • Storage • How to access more information	Women who ask for information will be supplied with key information for them to follow up on.	??		

[11] Although this is documented as an activity in this section it would be a WCDHB policy and be used across all hospital and community breastfeeding situations.

4.2 Revise the discharge process to streamline the Neonatal Community Outreach Nurse to ensure a smooth transition from Parfitt to home.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
4.2.1 Include NCON (and Rural Nurse Specialist when required) in the telehealth conferencing for complex babies that occurs before they return from NICU.	Doctors, hospital and community nurses and LMCs on West Coast will have a common understanding of the history, issues and management plan of each baby and mother when they arrive at Greymouth, A mother and her baby will be cared for as one unit, with their unique requirements considered and supported.	??? narrative ? feedback		
4.2.2 Support transition from Parfitt Ward to home: • Provide phone number for M4M for peer support.				

4.3 Link with CDHB Human Milk Bank to provide milk for NICU babies when they have returned to West Coast until mothers have established breastfeeding.[12]				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Now that the Human Milk Bank is open, support CDHB to: • Develop a new project and funding model (Phase two) to expand the initial concept to mothers and babies outside NICU (on the postnatal wards, primary birthing units, in the community and the wider South Island).	A phase two project plan is developed and approved. It will include: • Funding source • Goals • Evaluation process • Timeframes.	Pasteurised donor human breastmilk is available in Parfitt Ward for babies returning from NICU if still required.	S: F:	

[12] We have included this at this point to provide a fuller picture of breastfeeding activity in Canterbury that we can work with to support West Coast babies.

Post natal to 6 months

Goal 5

All women will be supported by well educated, confident health providers to exclusively breastfeed until around six months and continue to breastfeed for up to one[13] and beyond once complimentary foods are introduced.

Lucy's story

My daughter became unwell when she was four weeks old. The doctor at ED was not sure what was wrong so following a telepeds conference with the paediatrician in Christchurch, it was decided that she needed to be flown to Christchurch Hospital.

This time period was over five hours. I had no money and was not offered any food. I was then told to stop breastfeeding in case an operation was required. The weather then deteriorated so we had to stay overnight, so I was told to breastfeed again but not after 6am. There were more delays in the morning, so I breastfed again before we finally left at 11am.

By this time I had very engorged and painful breasts but the staff were focussed on my baby's condition. It was a very stressful time.

When we finally arrived at Christchurch Hospital I was relieved to find the nurses were keen and confident to look after not only my daughter but also me as a worried parent and a breastfeeding mother.

I am happy to say that with this support I managed to keep breastfeeding throughout the whole time in hospital; and I'm still exclusively breastfeeding three months later.

Current situation

Since March 2014 the Community Breastfeeding Advocates have contacted all new mums soon after their baby is born. This identifies women who are managing well, those that would benefit from Mum4Mum support and those that have complex issues and require an appointment with the Lactation Consultant.

The PHO manages the Mum4Mum service. They run courses for women who have breastfed, usually for over nine months, and is keen to support other women can attend an eighteen hour over nine weeks to become a M4M Peer Counsellor. M4M mothers have a variety of both good and challenging experiences, so are a great source of advice and encouragement for mothers requiring support for managing normal breastfeeding issues.

[13] The vision for the National Strategic Plan of Action for Breastfeeding 2008-2012 based on WHO Global strategy for infant and young child feeding states two years; however, New Zealand Food and Nutrition Guideline Statements for Healthy Infants and Toddlers states 'exclusive breastfeeding for around six months and continue breastfeeding for one year and beyond'

5.1 Provide education for LMCs, General Practitioners, Practice Nurses, Rural Nurse Specialists and Well Child/Tamariki Ora Nurses regarding what is considered 'normal' and can be managed by them and what is specialised/complex and should be referred to a Community Lactation Consultant. 'Novice to expert'				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
PHO deliver a yearly educational 'roadshow' for providers. Also activity 6.1.3	Greater % of referrals to Lactation Consultants are for **complex** breastfeeding conditions	Number of referrals to WCPHO Lactation Consultants • % that had complex issues Data source: ?? Baseline data: 2012/13	S F	

5.2 Promote HealthPathways as the standard, agreed, referral pathway.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
• Identify new pathways that will support providers to promote, protect and support breastfeeding. • Develop a section on HealthPathways/HealthInfo on normal breastfeeding (physiology and practice).	Increased use of HealthPathways by providers to access information on breastfeeding.	Increased number of hits on HealthPathways' breastfeeding section Data source: HealthPathways	S F	

5.3 Develop a referral document that provides enough detail to enable referrals to be prioritised by the Community Breastfeeding Advocacy Service				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Develop document that will: • Identify complex issues. • Promote HealthPathways as the source for referral forms.	Increased % of complex and decreased % of non-complex referrals to Lactation Consultants.	Number of referrals to Lactation Consultants • Number that had complex issues Data source: PHO Baseline data: 2013	S: F:	

5.4 Develop Breastfeeding Friendly Communities				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
5.4.1 Develop WCDHB as a Breastfeeding Friendly work environment: • Commence with Grey Base Hospital and then • Move to other facilities.	WCDHB Breastfeeding Policy Approved and Circulated to all departments. All areas can show that they meet the requirements of the policy.	Staff surveys. Did they know about the policy? Have they used it? Was it helpful?	S: F:	
5.4.2 Develop a WCDHB breastfeeding policy for caring for mothers and babies that present to ED and/or are admitted to hospital. This needs to consider keeping the two as a unit where baby is dependent on mother for continued feeding and/or expressing when necessary.	Mothers will feel supported to continue breastfeeding throughout ED and hospital admissions.	Data: Number of referrals to M4M for ED or inpatient request. Of them. The number who were referred to LC.	S: F:	
5.4.3 Participate in planning process for new facilities to ensure that breastfeeding for patients, their family/whānau and staff are included in the models of care and the new facilities.	Any member of the population, whether a patient, family, friend or staff will be able to breastfeed or pump in a suitable room/location to support this.		S: F:	

5.4.4 Develop Breastfeeding Friendly Communities in key NGOs where the main focus is mothers and babies: • Include this in Planning and Funding service agreements.	All identified NGOs can show breastfeeding policies and how they implement these within their organisation.		S: Lower Priority F:	

General Education

Goal 6

All clinical providers, including LMCs, nurses, doctors will feel confident to protect, promote, and support breastfeeding at each step of the maternity journey.

Beth's story

I completed Mum 4 Mum training while I was pregnant with my fourth child. I then worked as the local Plunket Nurse while completing the Post Graduate Certificate in Specialty Nursing. The post graduate certificate covered the bigger picture of breastfeeding policies, but not the anatomy and physiology of the every-day processes of breastfeeding.

The Mum 4 Mum training is evidence based. One of its real values is linking with other mothers doing the course. It has made a significant difference to my practice as a Plunket Nurse. I know the mothers in our community that have trained as Mums 4 Mums and which one would be most appropriate to support clients needing extra breastfeeding support and encouragement.

I would highly recommend the Mum 4 Mum training for WellChild TamarikiOra providers and other health professionals.

Current situation

- Currently LMCs have a variety of options for receiving breastfeeding education. It is a core competency requirement of their re-certification process.
- Practice Nurses and General Practitioners receive no formal breastfeeding education and are likely to miss opportunities ante and post-natally to promote, protect and support breastfeeding for as long as possible, unless they have had a positive personal experience. Last year the PHO took a 'road show' to the general practices to provide education and promote local services.
- Staff in the hospital's general wards have no education or support for how to care for breastfeeding mothers or their babies who are admitted. Processes to seek information and advice are minimal.
- Some staff may have difficulty separating their own breastfeeding experience from their interactions with mothers and babies.
- Current breastfeeding support staff do not have the resource to provide comprehensive educational sessions for the continual turnover of staff and the need to educate new staff as early as possible.
- Medical students (this year) attended a breast feeding education session.

6.1 Establish an educational package that is broken into units to enable appropriate information to be delivered to specific health provider groups.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
6.1.1 Establish the **re-certification process for LMC/midwives** that is required as part of their annual core competency requirements: • Provides one half day breastfeeding education sessions per three years plus one other activity related to breastfeeding. E.g. study day, workbook, on line learning, presentations, journal clubs, and case studies.	Midwifery Council's curriculum is being followed Courses are accessible	All LMCs/midwives are recertified. Data source: ??NZCOM data	S: F:	
6.1.2 Deliver the educational breastfeeding programme every six months[14] for core midwives that: • Gets back to basics to enable midwives to: o Manage normal breastfeeding. o Identify complex issues that need referral. • Requires annual attendance by employed midwives.	Curriculum developed Timetable established Feedback from the first course is positive and any refinements made.	At the end of the first year all staff have completed recertification Data source:	S: F:	
6.1.3 Deliver an educational programme for **primary care providers** that provides information that is likely to arise in general practice: • Contraception and its effects on breastfeeding. • Community breastfeeding support services. • Care of non-breastfeeding babies. • Risks, disadvantages of formula feeding. • HealthPathways: o Normal and complex breastfeeding issues. o Referral pathways. o Contraception and its effect on breastfeeding.	At the end of the first year ??% of all staff have attended. ?Number of on-line accesses	Data source:	S: F:	

[14] Students and Registered Nurses, including those in the Nursing Entry to Practice (NETP) programme should also be included.

6.2 Develop a programme for staff that will provide an opportunity for them to understand their own experience/personal issues with breastfeeding and separating their own experience from their professional role.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Provide education at a variety of educational situations that will promote thinking and discussion about what information health professionals are saying and whether they are talking from experience or evidence.	Best practice used by all healthcare providers.	Feedback from attendees shows they have found the course helpful. Data: Course satisfaction survey	S: F:	

6.3 Provide hospital doctors and general practitioners with education				
Planned activities •	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Provide **hospital doctors and general practitioners** with education re: • Impact of contraception on breastfeeding. • When and how to discuss options with women. Communicate HealthPathways for information on breastfeeding and contraception.	Increased hits on HealthPathways		S: F:	

6.4 Provide education and mentoring for all health students (especially doctors, nurses and midwives) to ensure sustainable growth in knowledge and skills in our future workforce.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
6.4.1 Link with education providers to facilitate educational slots within programmes to introduce breastfeeding.	All students will have basic understanding of breastfeeding and will be developing knowledge and skills to protect, promote and support breastfeeding in any environment they may work in. They will understand what is normal and what is not normal.	Feedback from attendees shows they have found the course helpful. Data: Course satisfaction survey	S: F:	
6.4.2 Identify mentors for students when they are in clinical placements to protect, promote and support breastfeeding.				
6.4.3 Support students to attend any educational opportunities while on clinical placements.				

Civil Emergency/Disaster

Goal 7

All parents will have access to support and up to date information about how to safely feed their infants in a civil emergency or disaster situation

Tracey's story

I was at home with my four week old daughter when Cyclone Ita hit. My husband had gone to work just an hour before the power went off. Little did I know that we would not have power for a week! As the day went by the wind got worse. I was concerned because trees started falling down along our long drive. Luckily my husband arrived home before we were total blocked in.

That evening as I was feeding my daughter by candle light I kept thinking how lucky we were was that I was breastfeeding. I didn't have to worry about sterilising bottles or whether I had enough formula.

It was 24 hours before we could get out of the house and into town. It was an unsettling time for the whole community. I was lucky that my husband looked after things outside the house and kept the fire going so I could concentrate on caring for our daughter.

Current situation

Plunket Line's free phone call service has comprehensive information available for parents

MOH's revised and published Infant Feeding in Emergencies (2011) contains national guidelines.

The Canterbury earthquakes identified areas where unexpected events occurred. E.g. Service providers stated that they had not given thought to providing information to pregnant women about how to be prepared to feed their infant in the event of a civil emergency, and why breastfeeding is the safest option. This needs to occur as part of the planning for their family's emergency pack.

7.1 Establish a planning group with a wide variety of community agencies to consider management of future civil emergencies.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
The planning group needs to have: • Midwives, Lactation Consultants, Practice Nurses, Red Cross, Well Child /Tamariki Ora, Civil Defence providers etc. The plan needs to: • Review the Canterbury earthquakes and lessons learned. • Use the MOH Infant Feeding in Emergencies (2011) document as a starting point, and then develop further detail relevant to West Coast. • Different emergency scenarios and their management. • What is 'safe' infant feeding: o Safe for age groups and feeding methods o Infection control • Develop a communication plan including: o Public Health communications. o Families being prepared for emergencies. o A simple fact sheet ▪ Pregnant women ▪ Newly birthed women ▪ Getting breastfeeding established ▪ Increasing milk supply if needed ▪ How to hand express ▪ How to re-lactate if weaning has started ▪ How to safely bottle feed ▪ What to do if mother is not there ▪ Dealing with disaster myths about breastfeeding • Consider who will take the lead for what in an emergency. • Develop a process for managing offers/infiltration of infant formula products from manufacturing companies.	All women will be given an information sheet from their LMC when breastfeeding is discussed for the first time during pregnancy. Key services, such as Civil Defence and Red Cross, will have documented information regarding the processes related to infant feeding in a civil emergency. Link to CDHB to develop this work together	Number of education sessions delivered. Number attended Types of groups participating. Data:	S: F:	

Appendix 1: Breastfeeding Interest group Members

Erin Turley	Breastfeeding Advocate WCPHO
Raewyn Johnson	Lactation Consultant & PPE teacher, Buller, WCPHO
Emma Boddington	General Practitioner, Greymouth
Anna McInroe	DHB Midwife & Pregnancy and Parenting Educator , Greymouth
Robyn Bryant	Midwife, Poutini Waiora
Trish Lockington	Community Rep, M4M
Kylie Parkin	Portfolio Manager Māori Health WCDHB
Nicola Harris	Breastfeeding Advocate, WCPHO
Anne-Marie Hewitt	Clinical Leader, Plunket
Clair Robertson	Project Manager, Planning and Funding
Barbara Holland	Manager, Well Women's Centre, Greymouth

Appendix 2: Additional Information

Goal 1: The Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.
7. Practice rooming-in – allow mothers and infants to remain together -24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

From: protecting, Promoting and supporting breastfeeding: The special Role of Maternity Services. A joint WHO/UNICEF Statement 1989

Goal 2: The Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in the Community

1. Have a written policy that is routinely communicated to all staff and volunteers.
2. Train all health providers in the knowledge and skills necessary to implement the breastfeeding policy
3. Inform pregnant women and their families about the benefits and management of breastfeeding.
4. Support mothers to establish and maintain exclusive breastfeeding to six months.
5. Encourage sustained breastfeeding beyond six months, to two years or more, alongside the introduction of appropriate, adequate and safe complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families
7. Promote collaboration among health services, and between health services and the local community.

Baby Friendly Community Initiative's Seven Point Plan was adapted with permission from WHO/UNICEF UK Baby Friendly Initiative 1999

Antenatal Education

By the time you are 32 weeks pregnant you should have had antenatal education on breastfeeding.
Research has shown that women who have a good understanding of the importance of breastfeeding and associated topics are more likely to have a successful breastfeeding outcome.

'To overcome obstacles issues surrounding perceived barriers, such as father's attitude, quantity of milk, and time constraints, need to be discussed with each parent. To achieve the goal of 75% of breastfeeding mothers, extensive education regarding the benefits must be provided for both parents and optimally the grandmother by physicians, nurses, and the media before pregnancy or within the first trimester.'[1]

You should ensure the following topics are discussed with you during your pregnancy:

- the Breastfeeding Policy of the maternity unit where you intend to birth and/or stay postnatally.
- the importance of breastfeeding for you and your baby
- the importance of exclusive breastfeeding for the first 6 months
- the effect of drugs, used in labour, on both your baby and the initiation of breastfeeding
- the importance of early skin-to-skin contact for you, your baby and for breastfeeding
- early breastfeeding management
- rooming-in which should include safe and unsafe sleeping practices
- cue-based, or baby-led, feeding
- the importance of frequent feeding to establish and maintain your breastmilk
- positioning and latching advice
- the risks associated with giving formula or other breastmilk substitutes before 6 months of age
- that breastfeeding continues to be important after 6 months when other foods may be introduced
- the implications of using pacifiers, teats and bottles on the establishment of breastfeeding
- breastfeeding support services in your community

Ask your Lead Maternity Carer about these topics (above) and seek out the antenatal education classes in your area.
We also recommend that you contact the local La Leche League and attend a meeting, or two, prior to the birth of your baby.
Contact with your local Plunket group, in the later weeks of your pregnancy, can also mean that you meet another group of women for support after the birth of your baby.
Skin-to-skin contact and Rooming-in pamphlets are available from the NZBA website/resources.

Suggested readings/links include:

- Change for Our Children: www.**changeforourchildren**.co.nz
- La Leche League New Zealand: www.**lalecheleague**.org.**nz**
- 'Impact of Birthing Practices on Breastfeeding' Second edition Linda Smith and Mary Kroeger Jones and Bartlett (2010)
- 'Breastfeeding Made Simple. Seven Natural Laws for Nursing Mothers' N Mohrbacher, K Kendall-Tackett New Harbinger Pub. (2005)
- 'The Oxytocin Factor. Tapping the hormone of calm, love and healing.' K U Moberg. Da Capo Press. (2003)
- 'Baby-led Weaning. Helping your baby to love good food.' G Rapley & T Murkett. Vermilion (2008)

Research:

1. Major factors influencing breastfeeding rates: Mother's perception of father's attitude and milk supply.

Arora S, McJunkin C, Wehrer J, Kuhn P. Pediatrics. 2000 Nov;106 (5):E67.

Goal 6: Additional education point for consideration

- Mothers do not realise breastfeeding is learned and does not necessarily come 'naturally' and that it can take time for milk to 'come-in'.
- Mothers need to make informed choices and have a feeding plan discussed with LMC prior to birth. Informed consent process needs to cover the risks of infant formula and the health care provider (Midwife/G.P.)
- Health providers need to communicate effectively without feeling guilty or sharing personal breastfeeding experiences (especially when personal breastfeeding goals may not have been met)
- Pivotal points in breastfeeding journey:
    - Lactogenesis on day 3 (although delayed for some women).
    - Perception of lack of milk, pain and latching problems at 6 weeks.
    - Paid parental leave finishes at 14 weeks.
    - Pressure for solids teething etc at 4 months
- Need support on how to 'care for your breasts'
- Education on expressing; meeting the needs of different breastfeeding dyads.
- Birth interventions and their effect on breastfeeding
- Educating mothers/fathers/support people
    - How Peer Support Counsellor service works
    - When to access support from a lactation consultant
    - Other support services
    - HealthInfo
- Contraception and its effects on breastfeeding
- Relationship, sex and breastfeeding.
- HealthPathways
    - Normal and complex breastfeeding issues
    - Care of non breastfeeding babies.
    - Referral pathways
- Being sensitive to the 'space' the woman is in at this time
- How to meet the needs of other children while breastfeeding.

Appendix 3: Evidence

Evidence for the effectiveness of Mother to Mother breastfeeding peer counsellor support.

1. ***Early and repeated contact with peer counsellors is associated with a significant increase in breastfeeding exclusivity and duration".***

Morrow, A. L., Guerrero, L. M., Shults, J., Calva, J. J., Lutter, C., Bravo, J., Ruiz-Palacios, G., Morrow, R.C., & Butterfoss, F. D. (1999). Efficacy of home-based peer counselling to promote exclusive breastfeeding: a randomised controlled trial. *The Lancet,* 353: 9160:1226-1231.

2. ***"The overwhelming majority of evidence from randomized controlled trials evaluating breastfeeding peer counseling indicates that peer counselors effectively improve rates of breastfeeding initiation, duration, and exclusivity".***

Chapman, D. J., Morel, K., Anderson, A. K, Damio, G., & Pérez-Escamilla, R. (2010). Breastfeeding peer counseling: from efficacy through scale-up. *Journal of Human Lactation*, 26(3):314-326.

3. ***"Group-based and one-to-one peer coaching for pregnant women and breastfeeding mothers increased breastfeeding initiation and duration in an area with below average breastfeeding rates".***

Hoddinott, P., Lee, A. J. , & Pill, R. (2006). Effectiveness of a breastfeeding peer coaching intervention in rural Scotland. *Birth*, 33(1):27-36.

4. ***"Significant increases in initiation and duration rates were observed among women who expressed an interest in breastfeeding and requested support from a peer counsellor".***

Fairbank, L., O'Meara, S., Renfrew, M. J., Woolridge, M., Snowden, A J., Lister-Sharp, D. (2000). A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. *Health Technology Assessment*, 4,(25):1-171.

5. ***"Multifaceted interventions with peer support as one of the main components have also been deemed effective in increasing breastfeeding initiation and duration".***

Sikorsk, J., Renfrew, M. J., Pindoria, S., & Wade, A. (2003). *Support for breastfeeding mothers (Cochrane review)*. In: The Cochrane Library, Issue 3, 2003. Oxford: Update Software.

6. ***Mothers of very low birth weight infants found the shared NICU experience aspect valuable. Positive effects of breastfeeding peer counsellors with personal NICU experience.***

Rossman, B., Engstrom, J. L., Meier, P. P., Vonderheid, S. C., Norr, K. F., & Hill, P. D. (2011). "They've Walked in My Shoes": Mothers of Very Low Birth Weight Infants and Their Experiences With Breastfeeding Peer Counselors in the Neonatal Intensive Care Unit. *Journal of Human Lactation*, 27, (1): 14-24.

7. ***"The findings suggest that peer counsellors, well-trained, and with on-going supervision, can have a positive effect on breastfeeding practices among low-income urban women who intend to breastfeed"***

Kistin, M., Abramson, R., & Dublin, P. (1994). Effect of Peer Counsellors on Breastfeeding Initiation, Exclusivity, and Duration Among Low-income Urban Women. *Journal of Human Lactation*, 10, (1): 11-15

8. ***"Lack of breastfeeding promotion and support hinder successful breastfeeding. In this study, a breastfeeding peer counsellor program improved both the initiation rate and duration of breastfeeding up to three months postpartum among Native American WIC participants".***

Long, D. G., Funk Archuleta, M. A., Geiger, C. J., Mozar, A. J., & Heins, J. N. (1995). Peer Counsellor Program Increases Breastfeeding Rates in Utah Native American WIC Population. Journal of Human Lactation, 11, (4):279-284.

9. ***"Healthcare providers thought the peer counsellors enhanced care of the infant by empowering mothers to provide milk and by facilitating and modelling positive patterns of maternal-infant interactions". Three critical elements that contributed to the effectiveness of the peer counselling program were identified: having a champion for the program, counsellors being mothers of former NICU infants, and a NICU culture supportive of using human milk.***

Rossman, B., Engstrom, J. L., & Meier, P. P. (2012). Healthcare providers' perceptions of breastfeeding peer counselors in the neonatal intensive care unit. *Res Nurs Health*, 35,(5):460-474.

10. ***Peer counselling support had a significantly positive effect on the rates of exclusive breastfeeding up to two months post-partum.***

Anderson, A. K., Damio, G., Chapman, D. J., & Pérez-Escamilla, R. (2007). Differential Response to an Exclusive Breastfeeding Peer Counselling Intervention: The Role of Ethnicity. *Journal of Human Lactation*, 23,(1):16-23.

11. ***Peer counselling has been recognized as an effective intervention in the promotion of breastfeeding among low-income women.***

Bronner, Y., Barber, T., & Miele, L. (2001). Breastfeeding Peer Counselling: Rationale for the National WIC Survey. *Journal of Human Lactation*, 17,(2): 135-139.
The findings emphasize the importance of person-centered communication skills and of relationships in supporting a woman to breastfeed. Organizational systems and services that facilitate continuity of caregiver, for example continuity of midwifery care or peer support models, are more likely to facilitate an authentic presence, involving supportive care and a trusting relationship with professionals.

Schmied, V., Beake, S., Sheehan, A., McCourt, C., & Dykes, F. (2011). Women's Perceptions and Experiences of Breastfeeding Support: A Metasynthesis. *Birth*, 38,(1):49-60.

Evidence to support breastfeeding education for pregnant women

1. ***The results of this study indicate that targeted educational programs designed for the adolescent learner may be successful in improving breastfeeding initiation in this population***.

Volpe, E. V., & Bear, M. (2000). Enhancing Breastfeeding Initiation in Adolescent Mothers Through the Breastfeeding Educated and Supported Teen (BEST) Club. *Journal of Human Lactation,* 16,(3):196-200.

2. ***Antenatal breastfeeding education and postnatal lactation support, as single interventions based in hospital both significantly improve rates of exclusive breastfeeding up to six months after delivery. Postnatal support was marginally more effective than antenatal education.***

Lin-Lin Su, L-L., Chong, Y-S., Chan, Y-H., Chan, Y. S., Fok, D., Tun, K. T., Ng, F. S. P., & Rauff, M. (2007). Antenatal education and postnatal support strategies for improving rates of exclusive breast feeding: randomised controlled trial. *BMJ*,335:596. (7620).

Mattar, C. N., Chong, Y. S., Chan, Y. S., Chew, A, Tan, P, Chan Y. H., & Rauff, M. H. (2007). Simple antenatal preparation to improve breastfeeding practice: A randomised controlled trial. *Obstetrics & Gynaecology,* 109, [1], 73-80.

Dyson, L., McCormick, F., & Renfrew, M.J. (2005). Interventions for promoting the initiation of breastfeeding. *Cochrane Database of Systematic Reviews*, 2, Art No: CD001688. DOI: 10.1002/14651858.CD001688.pub2, 1-24.

Fairbank, L., O'Meara, S., Renfrew, M. J., Woolridge, M., Sowden, A. J., & Lister-Sharp, D. (2000). A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. *Health Technology Assessment*, 4, [25], 1-5.

Breastfeeding support/barriers and interventions

1. ***Clinicians' practices regarding formula supplementation of healthy infants and their opinions about the importance of their breastfeeding advice are associated with the likelihood that mothers will continue exclusive breastfeeding. Policies to enhance clinicians' abilities to address breastfeeding problems within the constraints of busy practices could improve their ability to support exclusive breastfeeding.***

Taveras, E. M., Li, R., Grummer-Strawn, L., Richardson, M., Marshall, R., Rêgo, V. H., Miroshnik, I, & Lieu, T. A. (2004). Opinions and Practices of Clinicians Associated With Continuation of Exclusive Breastfeeding. *Pediatrics*, 113,(4):e283-290.

2. ***Explores common personal and societal barriers to exclusive breastfeeding and offers evidence-based strategies to support mothers to breastfeed exclusively, such as ensuring prenatal education, supportive maternity practices, timely follow-up, and management of lactation challenges. The article also addresses common reasons nursing mothers discontinue exclusive breastfeeding, including the perception of insufficient milk, misinterpretation of infant crying, returning to work or school, early introduction of solid foods, and lack of support.***

Neifert, M., & Bunik, M. (2013). Overcoming clinical barriers to exclusive breastfeeding. *Pediatr Clin North Am,* 60,(1):115-145.

Protheroe, L., Dyson, L., Renfrew, & M. J. (2003).*The effectiveness of public health interventions to promote the initiation of breastfeeding*. NHS Health Development Agency. www.nice.org.uk/niceMedia/documents/**breastfeeding** summary.pdf

Renfrew, M., Dyson, L., Wallace, L., D'Souza, L., McCormick, F., & Spiby, H. (2005). *The effectiveness of public health interventions to promote the duration of breastfeeding Systematic review.* National Institute for Health and Clinical Excellence (NICE) NHS, UK. http://www.nice.org.uk/niceMedia/pdf/Breastfeeding_vol_1.pdf

Appendix 4: Estimated cost of implementing each goal[15]

Goal 1: An increased number of new mothers will want to breastfeed because they understand that it is the best option for their baby and themselves; they will want to reach this goal and feel confident that they can do it.

Activity	Estimated cost
1.1.1 Education programmes in community	Nil
1.1.2 Printing revised higher quality book for mothers	$?
1.1.3 Breastfeeding early into PPE courses	Nil

Goal 2: While in the birthing facility all mothers will be supported in initiating breastfeeding.

Activity	Estimated cost
2.1 Refer to Activity 6.1.2 & 6.2	
2.2 Process for referrals to LCs and BF advocacy	Nil
2.3 Weighing babies	Nil
2.4 Pathway for tongue ties	Nil
2.5 Time for women to rest	Nil

Goal 3: Before leaving the birthing facility:

- All mothers will have had a breastfeeding assessment.
- All babies will have had a feeding assessment.
- All mothers with breastfeeding issues will have a care plan for home developed in collaboration with their LMC.

Activity	Estimated cost
3.1.1 Assessment on discharge	Nil
3.1.2 Process for referral to PHO LC & BA service	Nil
3.2 Assessment of feeding at the breast	Nil
3.3 Links with M4M before discharge	Nil

Goal 4: All NICU babies will have access to breast milk and breastfeeding, and mothers will be supported to initiate and establish breastfeeding when appropriate.

Activity	Estimated cost
4.1.1 Supporting nurses in Parfitt	Nil
4.1.2 Ed module for M4M who have experienced NICU	Nil
4.1.3 Policy re breastmilk sharing	Nil
4.2.1 NCON & RNS in teleconference re babies returning from NICU	Nil

Goal 5: All women will be supported by well educated, confident health providers to exclusively breastfeed until at least six months.

Activity	Estimated cost
5.1 Deliver Roadshow	Nil
5.2 Develop HealthPathways	Nil
5.3 Develop referral documents	Nil
5.4Develop breastfeeding Friendly Communities	Nil for DHB

Goal 6: All clinical providers, including LMCs, nurses and doctors will feel confident to promote, protect and support breastfeeding at each step of the maternity journey.

Activity	Estimated cost
6.1.1 Deliver education to LMCs (core competency)	Nil
6.1.2 Deliver to hospital employed midwives	Nil
6.1.3 Deliver primary care	Nil
6.2 Deliver education re separating of own experience from professional role	S?
6.3 Education for hospital doctors and GPs	Nil
6.4 Education for health students	Nil

Goal 7: All parents will have access to support to feed their infants in a disaster or civil emergency

Activity	Estimated cost
7.1 Emergency infant feeding	$?

[15] If activity can be reasonably included in current workload of CDHB staff, PHO or NGOs with a service agreement with Planning and Funding then this has not been counted in the funding.

Appendix 5: Baseline Data

		6 weeks				3 months				6 months			
	Year (Jul-Jun)	Exclusive	Full	Partial	Artificial	Exclusive	Full	Partial	Artificial	Exclusive	Full	Partial	Artificial
All New Zealand	2008-2009	54%	11%	17%	17%	40%	14%	17%	29%	16%	11%	34%	39%
	2009-2010	54%	12%	18%	16%	41%	13%	19%	27%	16%	10%	36%	38%
	2010-2011	56%	10%	18%	15%	42%	12%	19%	26%	16%	9%	37%	38%
	2011-2012	56%	10%	19%	15%	42%	13%	19%	26%	16%	9%	38%	37%
	2012-2013	55%	10%	20%	14%	42%	13%	20%	26%	16%	8%	40%	36%
	2013-2014 to mid Jan	56%	10%	20%	13%	43%	13%	19%	25%	17%	8%	40%	34%
Canterbury + Nelson Marlborough + South Canterbury + Southern + West Coast	2008-2009	60%	8%	15%	17%	45%	11%	15%	29%	22%	10%	32%	37%
	2009-2010	60%	7%	15%	18%	48%	7%	16%	28%	21%	8%	33%	38%
	2010-2011	60%	8%	15%	17%	47%	10%	16%	27%	20%	8%	35%	37%
	2011-2012	60%	7%	16%	17%	48%	8%	17%	27%	20%	7%	36%	36%
	2012-2013	56%	10%	17%	16%	44%	12%	18%	26%	18%	8%	38%	35%
	2013-2014 to mid Jan	58%	10%	18%	15%	45%	12%	17%	25%	20%	9%	38%	34%
West Coast	2008-2009	41%	27%	12%	20%	25%	23%	15%	37%	7%	18%	43%	32%
	2009-2010	56%	13%	6%	25%	42%	14%	5%	39%	14%	22%	17%	46%
	2010-2011	66%	11%	7%	17%	52%	13%	12%	23%	18%	18%	26%	39%
	2011-2012	55%	12%	14%	19%	40%	14%	12%	34%	16%	12%	33%	39%
	2012-2013	53%	8%	18%	21%	42%	9%	17%	32%	17%	5%	38%	41%
	2013-2014 to mid Jan	53%	12%	25%	10%	42%	16%	17%	25%	13%	5%	41%	41%

Goal	Activity	**West Coast Breastfeeding Action Plan: Progress Report** *Please refer to the West Coast Priority Plan for Breastfeeding 2014-2016 for background, further detail, measuring for outcomes and who is taking responsibility for implementing each action.*	Expected implemented date	Oct 2014	Nov 2015	Dec 2015	June 2015	Sept 2015	
1	*1.1.1*	*Deliver education programmes in the community*				W	I	I	
	1.1.2	Education programmes use a range of communication techniques				W	I	I	
	1.1.3	Introduce breastfeeding earlier in PPE courses		P		P	W	W	
2	2.2	Improve referral process for complex breastfeeding concerns while in birthing facility	01.01.15	P		P	P	P	
	2.3	Establish guidelines for weighing well babies				W	W	P	
	2.4	Develop pathway for tongue ties and publish on HealthPathways.		P		P	P	P	
	2.5	Establish a one hour 'visitor free' period in birthing facilities				W	I	I	
3	3.1.1	Revise current green breastfeeding assessment sheet				I	I	I	
	3.1.2	Improve referral process for transitioning from birthing facility to home				W	P	P	
	3.2	Establish individualised feeding plans for complex issues before leaving birthing facility.				W	P	P	
	3.3.1	Establish peer support counsellor visits to birthing facilities				I	I	I	
	3.3.2	Establish peer support counsellor visits to Parfitt Ward for babies returning from NICU				W	W	W	
4	4.1.1	Develop a service for nurses and doctors in Parfitt ward to ensure they feel supported				W	W	W	
	4.1.2	Develop education model for M4M counsellors to support mothers and babies returning from NICU				W	W	?	
	4.1.3	Develop information sheet regarding breastmilk sharing		P		I	I	I	
	4.2.1	Include NCON & RNS in telehealth conferencing for complex babies returning from NICU				W	W	W	
	4.2.2	Support mothers ex NICU transition from Parfitt ward to home				W	P	P	
	4.3	Link with CWH milk bank to provide milk for NICU babies when they return to Parfitt Ward.				W	P	P	
5	5.1	PHO deliver annual roadshow to providers				P	I	I	
	5.2	Develop section on HealthPathway on normal breastfeeding				P	I	I	
	5.3	Establish document for referral to Community Breastfeeding Advocacy Service that identifies reason for referral				I	I	I	
	5.4.1	Establish WCDHB friendly work environments for staff		I	I	I	I	I	
	5.4.2	Develop breastfeeding policy for caring for mothers and babies in ED or admitted to other wards.				W	P	P	
	5.4.3	Participate in planning for new facilities to keep breastfeeding in the facility on the agenda				I	I	I	
	5.4.4	Develop breastfeeding friendly NGOs where the main focus is mothers and babies				W	P	P	
6	6.1.1	Establish re-certification process for midwives and LMCs				W	W	P	
	6.1.2	Deliver educational breastfeeding programme *every six months* – **anually** for hospital employed midwives				P	P	P	
	6.1.3	Deliver educational programme for primary care providers for issues likely to arise in general practice				P	I	I	
	6.2	Provide education to all staff that promotes discussion about whether health professionals are speaking from experience or evidence				P	P	I	
	6.3	Provide education for hospital doctors and general practitioner about the effect of contraception on breastfeeding.				P	I	I	
	6.4	Provide education and mentoring for health students				I	I	I	
7	7.1	Plan infant feeding in emergencies				W	W	?	

Code

P	Progressing as planned
W	Waiting for something to occur before commencing/progressing
Y	Yet to reach planned starting date.
I	Implemented
C	Confronted by issues that require support from MQSC/MCGC/Alliance

West Coast Region Tobacco Control

Introduction

The West Coast DHB continues to be committed to the Smokefree Aotearoa 2025 vision of reducing the prevalence of smoking in New Zealand to less than 5% of the population. While progress has been made to reduce the prevalence of smoking both nationally and regionally, there are still population groups that are not keeping up with the rate of decline shown by the population as a whole.

Needs Analysis

1. Current state

Understanding our smoking population

The Information Team at Community & Public Health has prepared a report summarising recently published data[1] regarding the prevalence of smoking in different population groups in both New Zealand and the West Coast Region.

Some consistent themes emerged from the data. There are 4794 regular smokers on the Coast according to Census 2013 data giving a smoking prevalence of 20.5% (34.3% Maori, 25.8% Pacific). In brief, smoking prevalence:

- has decreased in all age groups between 1999 and 2014, accompanied by a corresponding increase in the prevalence of ex- and never smoking
- is consistently higher for Māori and Pacific ethnic groups
- increases with increasing neighbourhood deprivation in the WCDHB region, but only to a point: the prevalence decreases in neighbourhoods with the highest deprivation scores
- increases rapidly in late adolescence and peaks in those aged 20-29. From here, there is a steady decline over the lifespan, and
- tends to be higher in the WCDHB region than in New Zealand as a whole.

Prevalence of regular smoking in West Coast DHB region and NZ by ethnicity (2013)

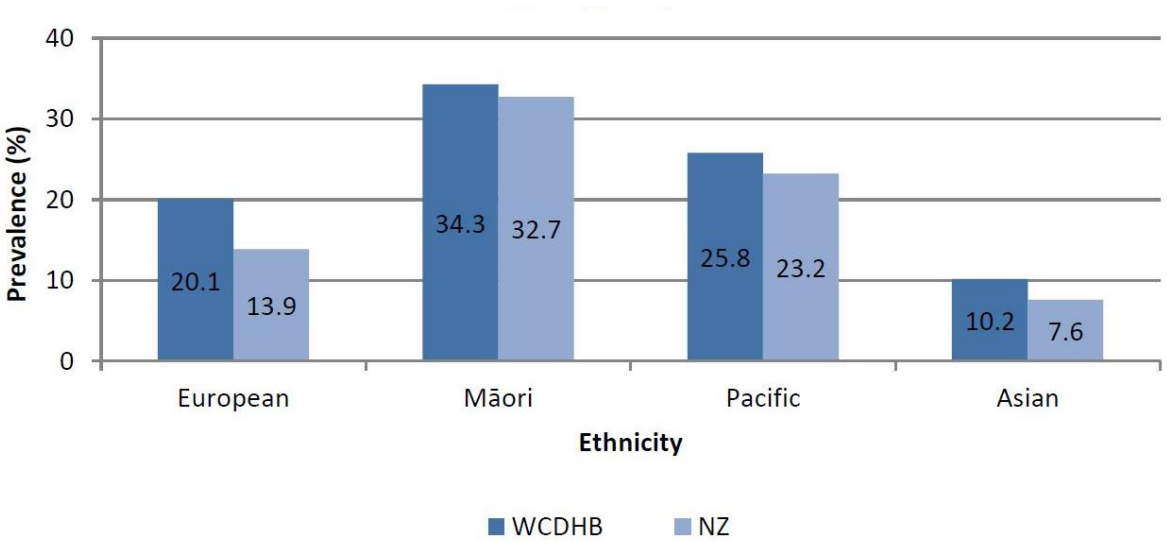


Figure 1.

[1] *As recommended by Statistics New Zealand, the data presented relates to prevalence in the usually resident population aged 15 years or older and total response ethnicity is used for ethnicity breakdown.*

This recent evidence illustrates that progress has been made in decreasing the prevalence of smoking in the WCDHB region. However, there remain a significant number of smokers and specific population groups (including Māori, Pacific and young people) who continue to experience persistent smoking-related inequities.

Further analysis by each of the three major territories of the West Coast region (Westland, Grey and Buller Districts) shows that the highest prevalence of smokers is in the Buller region by percentage (true for total population and Maori ethnicity). However, the greatest volume of smokers is in the Grey district but the greatest number of Maori smokers is in the Buller region.

The prevalence of Maori smokers in Buller has decreased since 2006, however the actual volume is slightly higher. This fits with the overall increase in Maori population figures in the Buller but is of particular concern given the population increase is mostly in the 20-29 years age range, suggesting a potential increase in smokers in this subset.

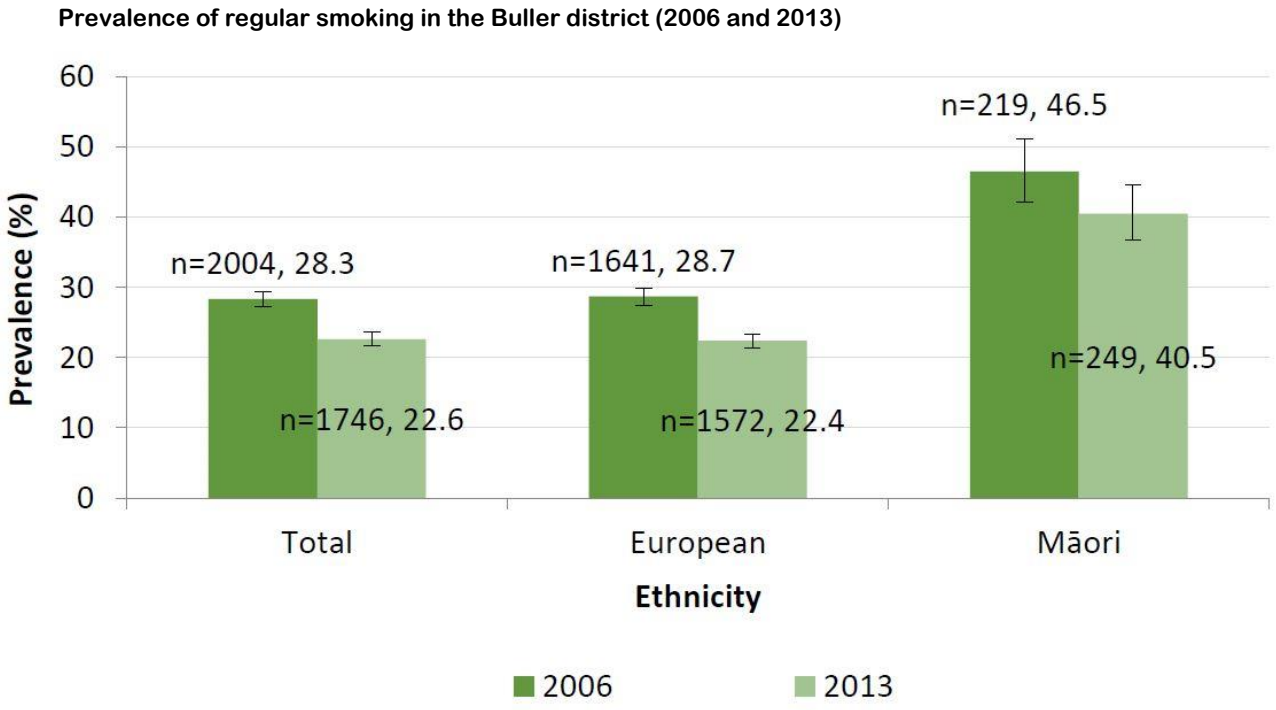


Figure 2.

Prevalence of regular smoking in the Grey district (2006 and 2013)

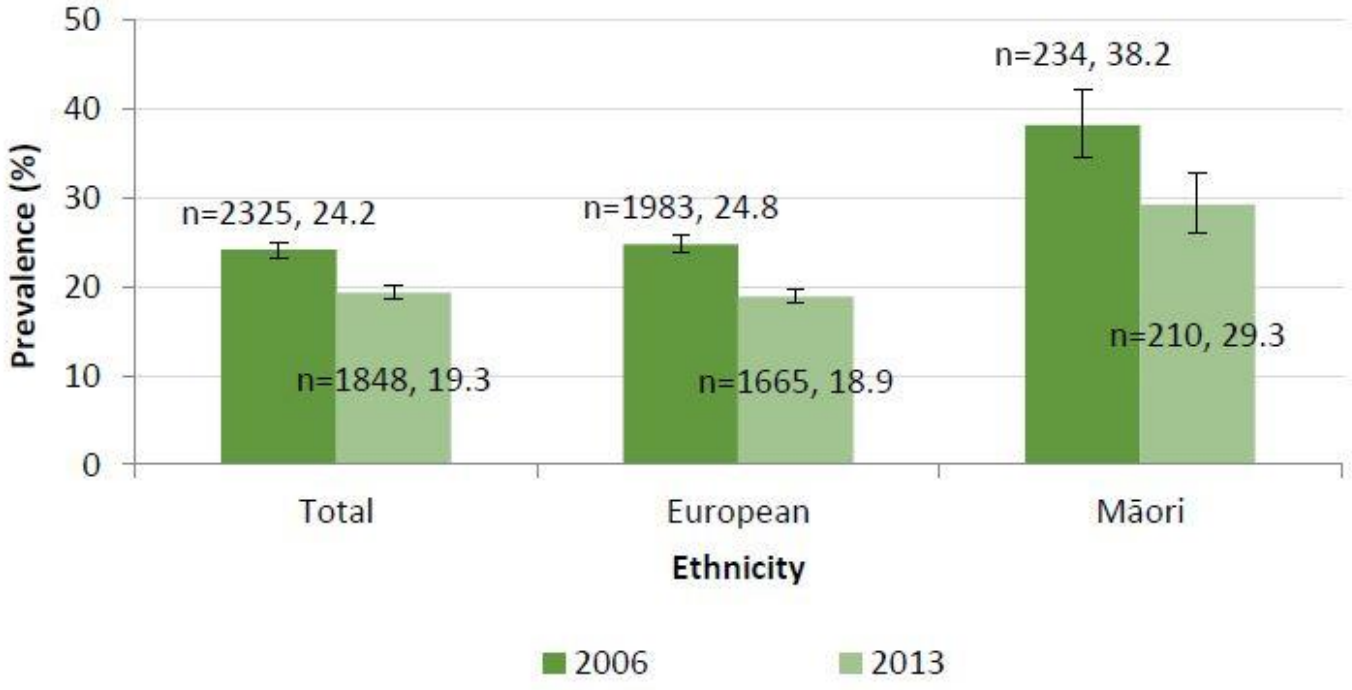


Figure 3.

Prevalence of regular smoking in the Westland district (2006 and 2013)

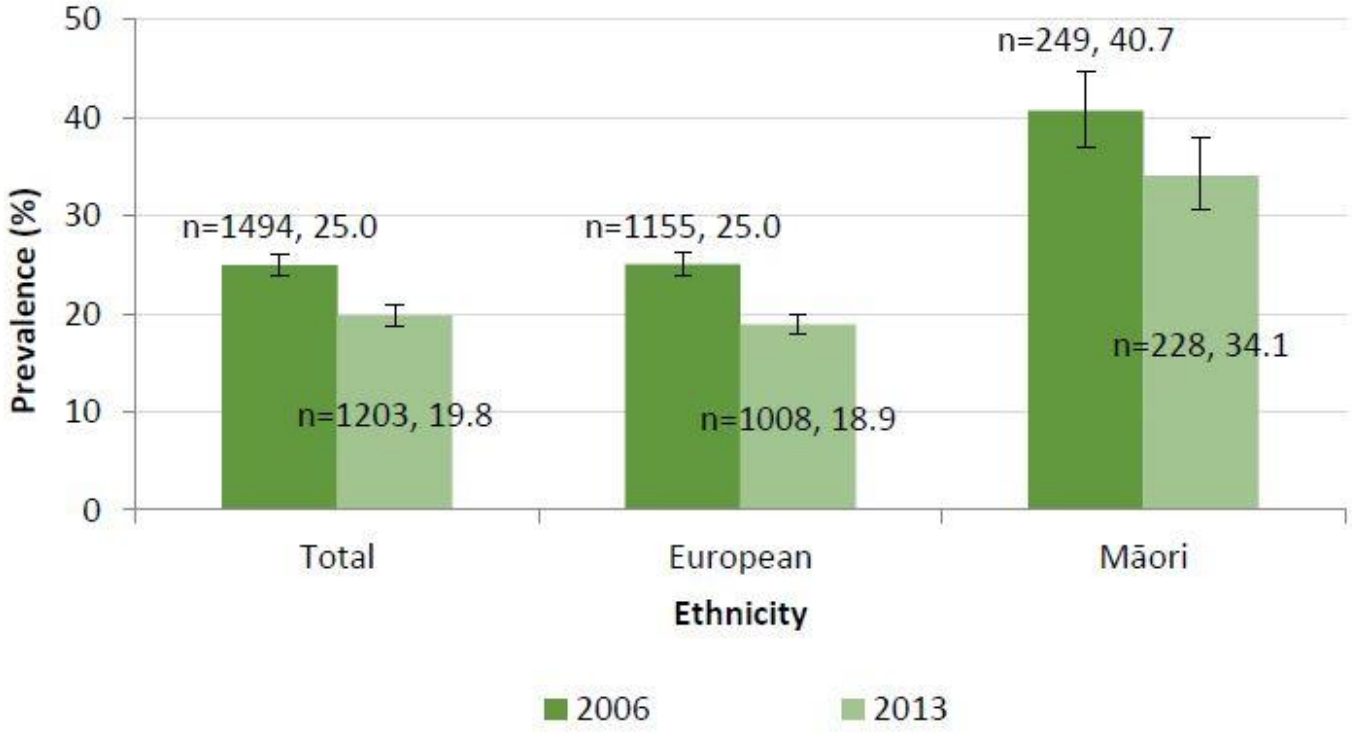


Figure 4.

Further work is needed to understand the proportion of West Coast smokers who have been identified with a co-existing mental health condition; however, a recent review of long term community mental health services clients (clients engaged with CMHS for 2 or more years) found a worrying high smoking prevalence of 49%.

Data relating to smoking in pregnancy is limited for the Coast since the majority of midwives are hospital employed rather than self-employed as is the national norm. The information used nationally to report smoking prevalence in pregnancy is therefore reporting for a small minority of pregnancies for the West Coast. However, a manual audit of booking forms was completed in September 2014 and found a smoking prevalence of 25% and the actual prevalence is likely to be somewhat higher due to the likelihood in this group of some under-reporting.

Understand the existing services[2]

Smokers in the West Coast region have access to four providers of Cessation support.

Aukati KaiPaipa

Aukati KaiPaipa (AKP) is delivered through 1FTE Smoking Cessation Practitioner who is based in Greymouth and the MoH funded contract for AKP is held by Community & Public Health, the public health unit for the West Coast. The service is available to smokers Coast wide, though the practicalities of delivering face to face support to the more remote areas are difficult. The AKP practitioner reports that his caseload is almost at capacity but has good links with primary care and has begun working with individual practices to identify Maori smokers on their register who either have no smoking status recorded or are not up-to-date for receiving brief advice and the offer of cessation support. In the process of updating this information the AKP Practitioner makes direct contact with smokers to encourage engagement with the programme or other Cessation Supports as appropriate.

The AKP programme reports a Quit Rate of 44.6% at 3 months (Jan – Dec 2014).

Coast Quit

Coast Quit is a PHO-funded programme delivered across the West Coast by clinicians (GPs or Practice Nurses) in all eight primary care centres (GPs or Practice Nurses) and by three of the four community pharmacies on the Coast. Smokers are enrolled in the programme, which allows them access to an extended face-to-face initial assessment with an extended first follow-up and 3 further follow-ups as well as subsidised NRT or other smoking cessation medication (e.g. varenicline/Champix). Visits to the practices are either free or very low cost to patients enrolled on the programme.

Clients of the programme are contacted by the Smokefree Services Coordinator, and for the 12 months Jan-Dec 2014 the 3 month Quit Rates were 33.3% quit rate for 441 'intention to treat' patients; 39.7% quit rate for 370 contacted clients.

The funding for this programme underwent a review in June 2014 and as a result funds were able to be released to initiate the Smokefree Pregnancy Incentives Programme.

Smokefree Pregnancy Incentives Programme

The Smokefree Pregnancy Incentives Programme (SPIP) was rolled out on the Coast in November 2014 and is available to all pregnant women who identify as smokers and they are eligible to enrol for incentive payments

[2] *Quit rates for all services are for a 12 month period but, due to low numbers on the Coast, are particularly susceptible to fluctuations. All services consistently perform with rates over 25%.*

(grocery or fuel vouchers) up to their 28th week of pregnancy. Referral to the programme is via either LMC or self referral.

The women are provided with ongoing support by one of three Smoking Cessation Practitioners covering the Greymouth, Hokitika and Westport areas (practitioners from AKP and DHB Cessation Service). Smokefree status is validated through CO readings for 12 weeks and vouchers provided for successful abstinence. A "bonus" voucher is available to women who remain smokefree 2 weeks post delivery of their baby.

This service is still too new to be able to evaluate outcomes and referral numbers are expected to be relatively low (estimate of 80-100 pregnant women identifying as smokers per year). The Smokefree Services Coordinator will complete a preliminary evaluation of outcomes in mid-2015.

DHB Smoking Cessation Service

The DHB employs two Smoking Cessation Nurses based in Greymouth (0.8FTE) and Westport (0.5FTE) but also providing support for the Reefton and Westland areas. Referrals to the service come from secondary services but also from primary care where more support is required beyond the capacity of Coast Quit to provide. Smokers are also able to self refer and the Nurses also support DHB employees who wish to become smokefree.

This service establishes a supportive no pressure conversation with the client and opens the door for future support if now is not the time. Numbers of contacts have been steadily increasing year on year since the service was established six years ago and costs associated with the provision of NRT have similarly increased.

The DHB programme is open-ended and therefore quit rates are not easily calculated (clients may relapse but remain enrolled and engaged; they are therefore not reported as a new client with a new quit date). Data that is available does not allow for 100% accuracy but reports a 4-week Quit Rate of 38.8%, decreasing to 27.7% at 3 months (Jan – Dec 2014).

Quitline

For the calendar year 2014, 231 quit attempts via the Quitline Service were reported (by Quitline) for the West Coast DHB area.

Service	Capacity (FTE)	Usage (12 month Jan-Dec 2014)	Outcomes (3 month Quit Rate)
Aukati KaiPaipa	**1.0**	**121**	**44.6%**
DHB Cessation Service	**1.3**	**385**	**≈ 27.7%**
Coast Quit	**3 Community Pharmacies plus 8 General Practices**	**549**	**33.3%[3]**
Quitline	**National call centre**	**231**	**Not reported**

[3] *'Intention to treat' patients*

Health Promotion

Smokefree Health Promotion on the West Coast is delivered through two main channels which complement national campaigns. There are Health Promoters employed by Community & Public Health and the West Coast PHO, both of whom have Smokefree as part of their roles.

The PHO Health Promoter works closely with West Coast primary practices and community pharmacies to provide campaigns and promotional activities in the practices. Smokefree messaging is linked to other campaigns where appropriate, for example during Heart Health week and Diabetes Awareness week.

The C&PH Health Promoter works with retailers, local businesses and the local Territorial Authorities to promote Smokefree environments and ensure Smokefree legislation is understood. The role works closely with the Smokefree Enforcement Officer to ensure tobacco retailers are trained appropriately and awareness is high especially prior to Controlled Purchase Operations (CPOs).

Both Health Promoters are key members of the West Coast Tobacco Free Coalition and work to ensure Smokefree messaging is included at all local events, e.g. Waitangi Day Picnic, Children's Day and Relay for Life. Under the banner of the West Coast Tobacco Free Coalition, the Health Promoters work together with other organisations including the cessation providers, to locally roll out promotion for national campaigns such as WERO, World Smokefree Day, and Stoptober.

Smokefree Compliance

The Community & Public Health unit employs a 0.2 FTE Smokefree Enforcement Officer who works with the C&PH Health Promoter to ensure tobacco retailers operate within the legislation. C&PH carry out a minimum of three controlled purchase operations per year. Four retailers on the Coast have stopped selling tobacco in the last two years with a further store only stocking a smaller range and lesser amounts as a step towards ceasing sales.

2. Needs Analysis

The Estimated Resident Population (ERP) has been projected forward based on the Population Projections provided by the Ministry of Health. These projections quantify the growth in the overall population over the next ten years. A straight line trajectory was applied from our current smoking rate in the current ERP aged 15+ years, to 5% prevalence within the ERP for 2025. Note that the projected prevalence for 2018 is 14.4%, which is higher than the interim 12% goal for 2018.

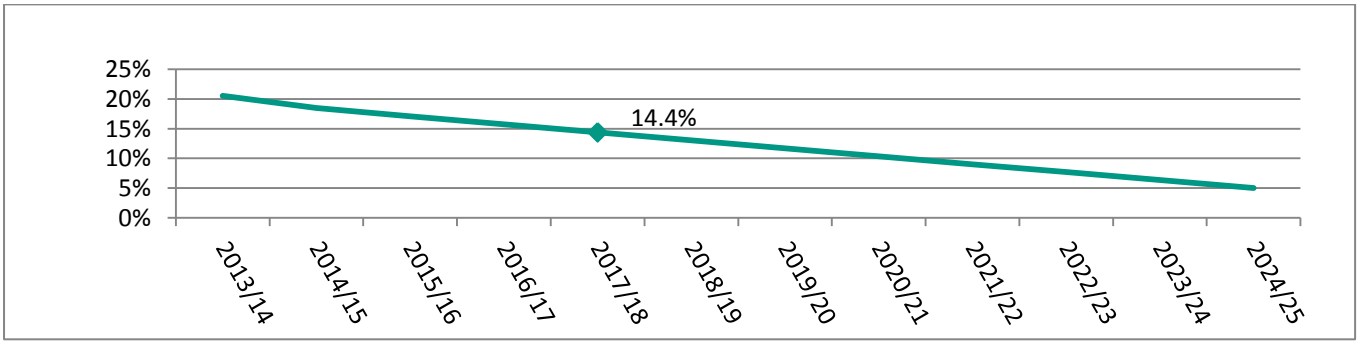


Figure 3.

Based on the current number of smokers and the projected population figures for 2025 we can estimate that a further 3422 smokers need to successfully quit in order to reach the 5% prevalence target in the next ten years.

Assuming a 12 month success rate of 14% (in line with most recent audit of Coast Quit clients at 12 months), this figure equates to 23,954 supported quit attempts by 2025 or 2395 per year. However, this does not take into account the proportion of smokers who will quit over that period without the assistance of a cessation service. It is difficult to quantify how many smokers will make a successful unsupported quit attempt (albeit with a much lower success rate) during that time, motivated by factors such as increased taxation, plain packaging and ongoing widespread health promotion.

The above figure also makes no attempt to factor in new smokers over the next 10 years and again, in the context of local and national public health measures it is difficult to predict the number of new recruits to smoking over that time.

Finally, the hypothesis that "hardening" will progressively affect the expected successful quit rate as smoking prevalence approaches the 5% target needs to be considered. "Hardening" is the phenomenon whereby the most heavily dependant smokers are the most likely to need alternatives to NRT, intensive longer-term support and may in fact need long term nicotine replacements. This is again difficult to model and quantify.

The total number of referrals to Cessation Services over the last two years has been around 1200 though this is not necessarily unique individuals. Should this number remain stable over the next three years, and working on the same assumed 14% long term quit rate as above, the West Coast region can expect to reduce the number of smokers by 500. The impact of further regional and nation-wide tobacco control measures, along with increased promotion of West Coast cessation services, would be likely to increase the number of ex-smokers over that period.

While there are difficulties in quantifying the need exactly, it is clear that there is a need to continue to provide accessible cessation services and subsidised NRT. There is also support for extending subsidies to cover other medications currently available e.g. products such as the NRT Inhalator, Nicorette Quick Mist sprays, and increasing access to courses of varenicline (Champix).

Both the AKP and DHB Smoking Cessation practitioners report working with full caseloads and the Coast Quit programme (funded for 500 referrals per year) regularly delivers against expected volumes. These services should continue to be supported and an increase in FTE for both AKP and DHB would allow for an increased caseload and therefore more successful quit attempts.

The collaborative work recently initiated between the AKP practitioner and primary care is showing some encouraging results in engaging Maori smokers. Anecdotally the AKP practitioner reports that many of the people being contacted have previously been enrolled in AKP and are willing to re-enrol and set a new quit date. Another key factor in successful engagement has been the good relationships that exist with local iwi, hapu and whanau. Again, strategies to build on iwi leadership will be invaluable to continuing success in this population.

Given the rise in numbers of Maori smokers in the Buller region, a service or strategy targeting this sub-group will be useful in accelerating the rate of decline in smoking prevalence and there is already an action plan in place to specifically increase the number of Maori smokers engaging in cessation services. As above, it is likely that Maori rangitahi are over-represented in the Buller region. Previously there has been a Smokefree Youth Coordinator for this area; however the (multi-agency) funding for this role was discontinued. There would be support for re-implementing this role with the specific aim of targeting youth.

As above, the prevalence of smoking in pregnancy on the West Coast continues to be a concern, with this group and young women in general (and especially young Maori women) over-represented in smoking statistics. There is ongoing support locally to continue the trial of the Smokefree Pregnancy Incentives Programme but this will need to be complemented by ongoing work to engage LMCs in targeted Smokefree-ABC training both on commencement with the DHB and ongoing refreshers.

The West Coast Smokefree Services Coordinator has had successes working with large employers on the Coast implementing Smokefree Policies in workplaces. There is a need to continue to look for opportunities with employers to implement these policies and provide support for their staff as they transition. Again, these initiatives have built on the foundation of strong cessation support services and the ability to link in to subsidised NRT. Much of this work was completed by the Coordinator as this role has the most flexibility to respond to the needs of the workplaces concerned. This flexibility and availability to provide ongoing support will be needed if other workplaces are to be encouraged to become Smokefree.

Clearly from the above rates for co-existing mental health conditions with smoking, much work is needed in this area to encourage and provide specialist support for quit attempts. While research is available that demonstrates the positive benefits for mental well-being in particular from quitting smoking, this would not yet be as commonly understood as the health messaging around smoking in pregnancy for example. There is a need here for some strong messaging for both clinicians and service users. A targeted approach to training for both community (including NGO) and primary care mental health workers is needed and there may be a need to upskill current practitioners to better support clients with complex issues.

There needs to be flexibility within the Smokefree services to act on innovative ideas locally. Current structures and funding provides limited opportunity to trial new ideas. Expanding strategies into the social media space and making use of new technologies will come at a cost and there is currently little scope within funding to achieve this.

There is a need to extend the responsibility for achieving the 2025 vision to areas and services beyond health. Cross sector relationships with agencies such as Early Childhood Education Centres, Work and Income and local councils are areas where ground could be made in spreading the Smokefree messages and engaging individuals, whanau and wider communities in supporting the broader goal. Campaigns that build on community spirit and pride (Pure NZ, Biggest Little Country – competing on the world stage, winning the Smokefree battle) have the potential to increase the numbers of smokers making their first quit attempt as well as continuing to make subsequent attempts if unsuccessful.

It should be noted that the above needs are echoed at a national level and are not unique to the Coast. Strategies to target the groups identified here will mirror and, in instances, enhance national strategies including the following: increasing tax on tobacco products, a move to plain packaging, policy responses to Electronic Nicotine Delivery Systems (ENDS), increasing restrictions to limit tobacco supply, expansion of Smokefree environments and increasing community awareness of the Smokefree Aotearoa 2025 vision and what that means at a community level.

National health promotion campaigns such as “Not Our Future” and “Stop Before You Start” are valuable in providing the quit message; however, there needs to be further development of how these campaigns are received by the target groups nationally. There is a need to carefully balance the messaging so that while smokers are encouraged to quit, communities do not isolate and/or stigmatize them. There is also a need to develop campaigns and advertising that is relevant to rural populations or to support modification and adaptation of resources to better meet needs regionally.

3. Next Steps

The Government has set an ambitious but achievable goal of a Smokefree Aotearoa by 2025. In 2025, smoking will not become illegal, but tobacco will be harder to purchase, environments will mostly be smokefree and smoking rates will be down to 5%. This prevalence rate will be achieved by both increasing cessation rates and reducing initiation rates.

The national plan for achieving this goal has three objectives based on the following areas: cessation, legislation and regulation, and public support. These objectives are all important and they impact across each other in various and complex ways, which enable effective progress towards the goal. The Healthy West Coast workstream (of the West Coast Alliance) members support activity in each of these three paths, either jointly or as individual organisations. This workstream has membership from the DHB, Community & Public Health Unit, PHO and Poutini Waiora as the only Maori Health provider on the Coast. This group also has strong links to the West Coast Tobacco Free Coalition which includes other government agencies such as the Corrections Service and NGOs such as the Cancer Society, PACT, and Plunket.

Increase Effective Cessation

Purpose	Actions	Initiatives	Measures
Increase successful cessation by West Coasters, and especially those who are most disadvantaged and face the biggest barriers.	Maintain high levels of health promotion messaging to encourage smokers to make a quit attempt.	Year One • Continue to identify West Coast events that can be promoted as smokefree and work with organisers to plan for this. • Continue to develop health promotion locally in relation to national and international events including: Smokefree May, World Smokefree Day, Heart Month, Relay for Life, Stoptober and the WERO challenge. Years Two and Three • Work with key consumer groups to develop new promotion campaigns to support and increase quit attempts.	• Stories about successful quitters are featured in local media alongside advice regarding cessation support services. • Local promotion of national campaigns is evident in the media. • Alternatives to media promotion are developed e.g. youth performances at Waka Ama Festival, social networking.
	Maintain high rates of ABC interventions in primary and secondary care	Year One • Maintain performance against the secondary smokefree health target by continuing to monitor every patient admission and visibly report performance. • Maintain performance against the primary smokefree health target and work towards increasing the proportion of smokers accepting a referral to a cessation service. • Continue to provide mandatory smokefree training to new employees	• The Health Target for hospitalised smokers is met and individual “missed” events are followed up at ward level. • The Health Target for smokers in primary care is met and number of smokers accepting cessation support increases.

		across the West Coast Health System to ensure ABC interventions are consistently used and recorded. • Build on the competencies of key Health System employees to increase the number of brief interventions resulting in a cessation referral including those working for Poutini Waiora (Maori Health Provider), Maternity, and Mental Health services. Years Two and Three • Develop media promotion campaigns regarding any changes to services and/or providers beyond June 2016.	• Smokefree training is delivered to new staff in the DHB, PHO and Poutini Waiora through their orientation programme. • Health staff working with patients within the target groups have ongoing refresher training to maintain knowledge and understanding of the best practice approaches for those groups (e.g. midwives, Maori Kaimahi, Community Mental Health Teams, Public Health Nurses)
	Increase cross sector access to cessation services	Year One • Work with key community agencies such Work and Income and CYFS to increase awareness of the ABC intervention and its effectiveness. • Promote and support the implementation of Smokefree Champions within non-health services to increase the opportunities for smokers to get advice and support to quit. Years Two and Three • Work with key community agencies such Work and Income and CYFS to implement an ABC style intervention for smokers accessing services such as budgeting advice, benefits advice and whanau support.	• The Smokefree Services Coordinator delivers smokefree training to ≥2 community agencies during 15/16.
	Increase public awareness of cessation options	Year One • Increase promotion of services available to Coasters through the media most appropriate to each target group (Maori, pregnant women, mental health clients and youth). Years Two and Three • Develop media promotion campaigns regarding any changes to services and/or providers beyond June 2016.	• Consumers from target groups are consulted regarding promotion of cessation services through groups such as the DHB Consumer Council and Poutini Waiora's Mana Tamariki-Mokopuna group.

	Deliver cessation services tailored to the community need	Year One • Continue to drive referrals to existing services through ABC initiatives in both primary and secondary care. • Utilise demographic data about smokers available through databases (including PHO register, Badgernet, and hospital patient management system) to monitor the targeting of smoking cessation services. • Continue to support cessation programmes specific to population groups such as the Smokefree Pregnancy Incentives Programme and Aukati KaiPaipa. • Work with cessation providers and consumer groups to discuss service gaps and how best to design future services. Years Two and Three • Work with key consumer groups to develop new initiatives to support cessation for youth and mental health clients.	• Referral rates to services are reported by ethnicity. • Referral rates for community mental health team clients are reported. • Consumer representatives of the target groups are given the opportunity to discuss cessation service models.
	Deliver effective cessation services	Year One • Support clinicians providing cessation support to maintain their knowledge and skills through ongoing professional development including uptake of the National *Stop Smoking Practitioners Certificate.* • Continue to provide Smokefree Services Coordination as clinical support to cessation practitioners and to develop and maintain smokefree systems. • Promote the use of Quitline services where appropriate to complement face-to-face support provided through existing services. This will include access to the online and text services. • Continue to review the evidence and guidelines for the use of NRT and other cessation medicines to ensure product availability is in line with best practice. • Continue to review the evidence and guidelines for the use of ENDS to understand how these might be used	• Smoking Cessation practitioners are supported to undertake the *Stop Smoking Practitioners Certificate*. • The Smokefree Service Coordinator is in place to provide professional support to cessation practitioners. • Number of referrals to Quitline services increases.

		to facilitate effective cessation. Years Two and Three • Develop the skills and knowledge of cessation practitioners as well as other clinicians across the West Coast Health System to support any changes to cessation services and/or providers beyond June 2016.	

Support Effective Legislation and Regulation

Purpose	Actions	Initiatives	Measures
Support the progression of tobacco control policies to limit the harm caused by tobacco products.	Reduce tobacco sales, especially to minors on the West Coast	Year One • Continue to provide education/compliance checks to retailers regarding current legislation as well as prior to any law changes relating to Plain Packaging and tax increases. • Continue to monitor retailer compliance with legislation through controlled purchase operations. • Continue to support, and celebrate publicly, retailers who choose to cease tobacco sales and encourage others to also cease. Years Two and Three • Continue to monitor developments relating to the control of tobacco product content and support retailers with information and education as necessary. This may include supporting local sector consultation on further supply restrictions such as elimination of duty-free tobacco sales and enhanced enforcement of point of sale and age limits.	• % retailers inspected. • ≥3 Controlled Purchase Operations are carried out during 15/16. • Number of retailers ceasing tobacco sales.

Increase Public Support

Purpose	Actions	Initiatives	Measures
Increase public support for tobacco control policies and	Support continued maintenance and expansion of Smokefree	Year One • Continue to respond to public complaints relating to smokefree areas to ensure these are adequately	• Number of public complaints responded to regarding breaches in smokefree areas.

increasingly eliminate smoking as a normal activity on the West Coast	environments	enforced. • Advocate for the expansion of Smokefree environments with local Territorial Authorities. • Develop and implement a health promotion campaign through Early Childhood Education Centres, similar to the Dunedin "Little Lungs-Pūkahukahu Iti" programme to promote smokefree homes and cars. • Continue to offer support to employers on the West Coast who express an interest in becoming a smokefree workplace. This will include the provision of information as well as practical support through the Smokefree Services Coordinator. Years Two and Three • Monitor the expansion of smokefree environments in other regions to build support for expansion on the West Coast.	• Number of submissions made to Territorial Authorities to expand Smokefree environments. • Health promotion campaign in place at Early Childhood Education Centres on the West Coast. • Number of workplaces enquiring about and being supported to become smokefree.
	Raise public awareness of the Smokefree 2025 vision	Year One • Develop and implement a communications plan to raise awareness across the West Coast Health System about the 2025 vision, how it relates to daily clinical practice, and the strategies in place to get there. • Build on national campaigns aimed at raising public awareness of the 2025 vision and ensure messaging is relevant to the West Coast. Years Two and Three • Monitor the progress of campaigns internationally which focus on the conduct of the tobacco industry with a view to supporting similar campaigns nationally and locally.	• Communications plan developed detailing how to raise awareness of the 2025 vision and relate the importance to daily clinical practice. • Local promotion of national campaigns is evident in the media.
	Increase public awareness of smoking as an addiction	Year One • Develop and implement a communications plan to raise awareness across West Coast communities of the addictive nature of nicotine and the support needed for those attempting to quit. • Continue to publicise success stories	• Communications plan developed includes building support for smokers as addicts. • Local media stories celebrating successful quit

		in West Coast media relating to successful quit attempts with a focus on beating an addiction. Years Two and Three • Work with key consumer groups to develop new promotion campaigns to support and increase quit attempts.	attempts focus on beating an addiction.

WORKPLAN FOR CPH&DSAC 2015 – BASED ON WEST COAST DHB PRIORITY PLAN (*WORKING DOCUMENT)*

	29 January	12 March	23 April	4 June	23 July	10 September	22 October	3 December
STANDING ITEMS	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items
STANDARD REPORTS	Health Target Q1 Report Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q2 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q3 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q4 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q1 Report Maori Health Plan update Planning & Funding Update Community & Public Health Update Alliance Update
PRESENTATIONS		As required	Victim Support		As required	As required	As required	As required
PLANNED ITEMS		West Coast Public Health Annual Plan		Suicide Prevention Update				
GOVERNANCE AND SECRETARIAT	2015 Work Plan							
DSAC Reporting	As available	Disability Action Plan Update	As available	As available	As available	As available	As available	As available
INFORMATION ITEMS	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH 2015 Schedule of Meetings

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2015

DATE	MEETING	TIME	VENUE
Thursday 29 January 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 29 January 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 29 January 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 February 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 12 March 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 12 March 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 12 March 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 27 March 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 April 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 April 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 April 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 8 May 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 4 June 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 4 June 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 4 June 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 26 June 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 July 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 July 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 July 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 7 August 2015	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 10 September 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 September 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 September 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 25 September 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 22 October 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 22 October 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 22 October 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 6 November 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 3 December 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 3 December 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 3 December 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 December 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

The above dates and venues are subject to change. Any changes will be publicly notified.